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ABSTRACT

Guidelines are provided for analyzing the content of the various Federal/State plans specifically mentioned in the Developmental Disabilities Services and Construction Act (PL91-517). A Federal/State plan and the relevance of State plan review of the planning process are explained. State plan review is shown to be an important tool for assessing availability of services for the developmentally handicapped under certain federally assisted programs in the state. State plans are discussed in terms of standards, coverage, eligibility, and scope of services. Necessary legal, fiscal, and administrative information is given. Eleven federally assisted programs requiring a State plan under the Developmental Disabilities Act are described in terms of legal, fiscal, and administrative authority, scope of service provisions, quality of service provisions (mandated federal standards), and extent of service provisions (eligibility criteria for service). Programs are reviewed from the Federal side only, based on Federal Law and regulations, and are intended to serve as basic roadmaps from which States may initiate their own Federal/State plan review. An Addendum includes recent Federal legislation affecting Federally assisted programs requiring a State plan. (Author/KW)

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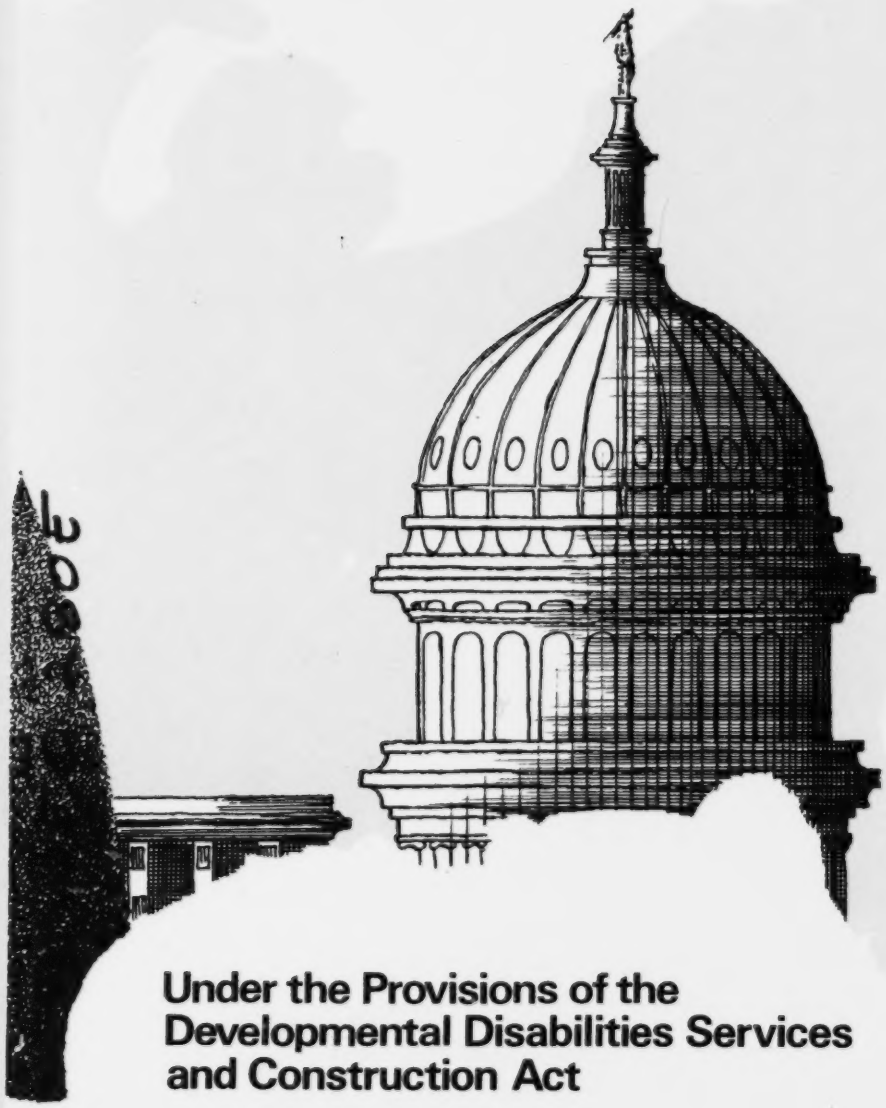
A Guide to Federal/ State Plan Review



Under the Provisions of the Developmental Disabilities Services and Construction Act

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ABSTRACT

A Guide to Federal/State Plan Review was prepared for the National Conference of State Planning and Advisory Councils on Services and Facilities for the Developmentally Disabled, held in Washington, D.C., November 16-18, 1972. The document was developed by the Bureau of Developmental Disabilities, staff to the Massachusetts Developmental Disabilities Council, at the request of the National Advisory Council. The Guide includes three parts and an Addendum.

Part A explains a Federal/State plan and the relevance of State plan review to the planning process mandated by the Developmental Disabilities Services and Construction Act, PL 91-517. State plans are contracts between a State and the Federal government, and the review of such State plans is an important tool by which States may assess the availability of services for the developmentally disabled under certain federally assisted programs in the State.

Part B presents guidelines for the actual review of Federal/State plans. A State plan is defined and examined in terms of the quality, extent and scope of services and contains legal, fiscal and administrative information critical to an understanding of the substance of the plan. The guidelines indicate ways by which service gaps may be identified relative to the 16 specific services noted in the Developmental Disabilities Act. Part B also illustrates the review of a Federal/State plan according to a summarization method and a narrative analysis.

Part C details selected federally assisted programs requiring a State plan under the Developmental Disabilities Act. The basic program content is outlined from the Federal side of the program, indicating elements of quality (program standards), extent (coverage and eligibility) and scope (mandatory and optional services), based on federal law and regulations. This approach, from the Federal side, provides States with a "roadmap" from which each State may be alerted to the potential for services to the developmentally disabled available through other generic service programs in their own State.

The Addendum includes recent federal legislation affecting some programs outlined in Part C. The major legislation amends the public assistance programs, the public assistance social services programs, and the medical assistance program. PL 92-603, the Social Security Amendments of 1972, will replace existing State administered public assistance programs with a national cash assistance program and will set uniform national eligibility and basic support standards. PL 92-512, State and Local Fiscal Assistance Act of 1972, closes the open-ended public assistance social services programs and limits options for coverage and eligibility for certain social services.

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October 21, 1972

Mr. George Bown, Chairman
Massachusetts Council on
Developmental Disabilities
100 Cambridge Street
Boston, Massachusetts 02202

Dear George,

As we both know, the Massachusetts Council has had a unique opportunity to build on prior experience in Massachusetts through a special federal project grant in effect over the period 1967-72 for the purpose of demonstrating the ways of developing effective strategies for state level planning and coordination of programs for the retarded. These basic strategies are, of course, largely transferable to planning for the developmentally disabled.

In particular we are aware that the Bureau of Developmental Disabilities, which provides the staff support for the Council in Massachusetts, has developed tools for analyzing the content of the various federal-state plans in the human service arena, and particularly the eight specifically mentioned in the federal Developmental Disabilities Act. It is apparent that these tools would be of great use to other Councils and their staffs and that the dissemination of the results of the Massachusetts effort on a national scale would be of very great assistance to them and to the common cause shared by all the State Councils and the NAC. I am writing therefore to request the Massachusetts Council, on whose behalf these tools were prepared, to release them and make them available for duplication and distribution nationwide in the form of a Guide to Federal/State Plan Review under the provisions of the Developmental Disabilities Services and Construction Act. Your contribution to this cause will be appreciated by all, I am sure.

Sincerely yours,

Elizabeth M. Boggs
Chairman

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October 30, 1972

Elizabeth M. Boggs, Ph.D.
Chairman Advisory Council on Services and
Facilities for the Developmentally Disabled
Henderson Road
R.D. Box 30 3A
Hampton, New Jersey 08827

Dear Dr. Boggs:

I have been authorized by unaminous vote of the Massachusetts Developmental Disabilities Council to give approval to the request contained in your letter dated 10/21/72. We are very flattered to receive such recognition for the efforts of the Staff and Council in preparing the tools for analysing the content of the various Federal/State plans specifically mentioned in the Developmental Disabilities Act. More importantly, we are grateful for the opportunity to be of assistance to other councils by releasing these tools for duplication and distribution nationwide.

Very truly yours,

George H. Bown

George H. Bown
Chairman
Massachusetts Developmental
Disabilities Council

GB:mb

A GUIDE TO FEDERAL/STATE PLAN REVIEW

under the provisions of

THE DEVELOPMENTAL DISABILITIES SERVICES AND CONSTRUCTION ACT

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PART A

This part explains a Federal/State plan and its relevance to the planning process mandated by the Developmental Disabilities Services and Construction Act.

A State plan is a contract between the Federal Government and the particular State to which it is applicable. The contract is based on certain requirements mandated by the Federal government which States must agree to in order to participate in the program.

Viewed from the Federal side, these contractual elements are Federal law, Federal regulations and Federal guidelines. State plans are also viewed from the State side, with particular consideration of program options which the State may choose to select or reject. States may also exercise considerable latitude in influencing the direction of many programs through administrative and policy decisions which the Federal government may permit the State to make.

State plan review is examined as part of the requirements of the Developmental Disabilities Act. State plans are viewed as one important means by which the State is able to assess the quality, extent and scope of services available to the developmentally disabled through provision of service to the developmentally disabled from other generic service programs in the State.

Limitations of State plans as an information resource and limitations of the review process are considered. It is explained that State plans are merely one source of information upon which the State must rely for basic planning data.

FEDERAL/STATE PLAN REVIEW

What is a Federal/State Plan?

According to the 1972 *Catalog of Federal Domestic Assistance*[1] there are 1,051 Federal programs and activities supported by the Federal government which provide assistance to States, counties, cities or other political subdivisions and any domestic profit or nonprofit corporation, institution, or individual, other than an agency of the Federal government. These federally supported programs may aid the particular beneficiary through Federal grants, loans and other types of financial assistance, technical assistance, statistical information and provision of Federal property, facilities, equipment and goods or services.

This publication focuses on a limited number of federally assisted programs which "provide assistance through grant or contractual arrangements"[2] to States, which require a State plan as a condition of assistance under such program. The Office of Management and Budget defines a State plan as follows:

> "The term 'State plan' . . . has varying meanings, ranging from detailed one year administrative work programs to annual program plans requiring consideration of objectives, needs, resources, priorities and strategies. Many of these required plans call for the initial development of a State plan followed by a subsequent annual amendment or other documentation of a programmatic nature."[3]

The State Plan as a Contract

States wishing to participate in a federally assisted program must agree to the terms of the Federal government, that is, to conform to conditions, purposes, and groundrules as specified in the Federal law, regulations and guidelines which authorize the program. By choosing to participate in the program, the State assumes a contractual relationship with the Federal agency which is responsible for administering the program.

The contractual nature of a State plan is illustrated by the following general definition of State plans for grants to States for Public Assistance Programs:

> "The State plan is a comprehensive statement submitted by the State agency describing the nature and scope of its program and giving assurance that it will be administered in conformity with the specific requirements stipulated in the pertinent title of the Act, the regulations in Subtitle A and this chapter of this title, and other applicable issuances of the Department. The State plan contains all information necessary for (the administering Federal agency) to determine whether the plan can be approved, as a basis for Federal financial participation in the State program."[4]

The elements of the contract, from the Federal side are:

> **FEDERAL LAW:**
> Authorizes the program, sets the purpose and scope of the program, specifies Federal and State financial terms, fixes responsibility for administration and imposes conditions for State participation.

1. U.S. Office of Management and Budget, Catalog of Federal Domestic Assistance, U.S. Government Printing Office, Washington, D.C. 1972.
2. _____, "Evaluation, review and coordination of Federal Assistance, U.S. Government Printing Office, Washington, D.C., 1972.
3. _____, "Federally required State plans under OMB Circular No. A-95."
4. Federal Register, Title 45, Chapter II, Part 201, sec. 201.2 "Subpart A – Approval of State Plans and Certification of Grants."

FEDERAL REGULATIONS:
Spells out in detail the "rules" of the program, including definition of terms and other information and instructions required to interpret the law and implement the program. Federal regulations carry the force of law when formally adopted by the administering agency, but may be amended, deleted or otherwise changed by the administering agency without amending the law itself, if such actions are not in conflict with or materially change the purposes of the law.

FEDERAL GUIDELINES:
Explicates regulations for sake of clarity and may be instructional or interpretative in nature. Included under guidelines are official memoranda, and Interim Policy Statements.

A State is therefore subject to observe and follow Federal law, regulations and guidelines as part of its contractual obligation. Indeed, a State may find it necessary to adopt a similar contractual construct in order to participate in and implement the program, i.e., provide a State legal, regulatory and guideline base for the operation of the State program.

Depending on the Federal requirements, a State may either be quite limited or quite flexible in shaping its part of the contract.

State Plans: The Federal Side:
Federal programs requiring a State plan contain mandatory sections which obligate the State to accept basic Federal policy and to provide mandatory services. The term "services" is used in the generic sense and includes direct services, as well as planning, construction, administrative and other management or informational services. These mandatory services comprise the minimum scope of services for a State which agrees to participate in the program and are referred to here as "the Federal side" of a Federal/State plan. By reviewing the Federal law and regulations appropriate to a particular Federal program, it is possible to determine the range of services which are common to all States accepting Federal assistance under the plan.

State Plans: The State Side—Optional Provisions
Depending on the particular program, States may exercise a considerable degree of choice insofar as their particular State programs are concerned. The most obvious choice is not to participate in the Federal program, in which case the State is not required to adhere to the Federal requirements and the Federal side of the program is not applicable, i.e., there is no Federal-State contract.

States which accept the Federal program may be free to select one or more program options from the total range of optional provisions or services allowed by the law. Some programs require that the State focus on a "cluster" of individually defined services from the universe of program options. The State is therefore in a situation to selectively accept certain alternatives while not adopting others.

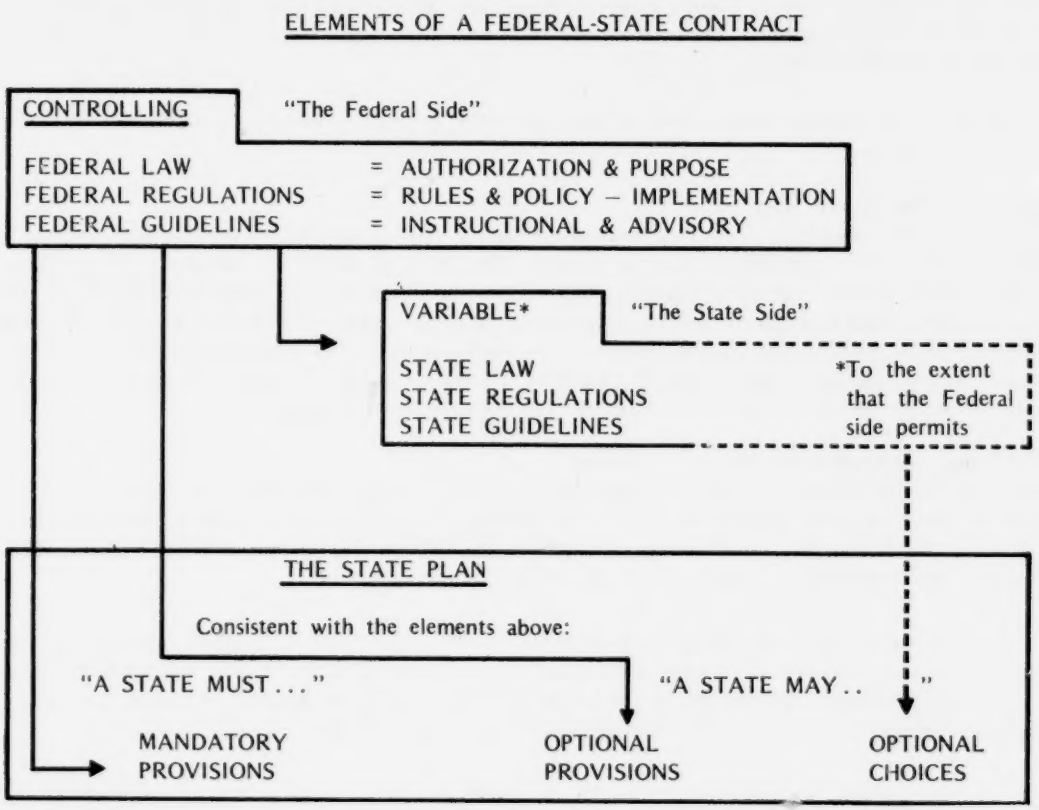
For federally assisted programs which require the State to "earn" Federal monies by committing State resources to match Federal funds or to expend State resources prior to Federal reimbursement, it is the State which controls the total financial impact of the program. This option is most significant for federally assisted programs which are "open-ended," i.e., programs which do not have a limited State allocation or "ceiling." The State may then earn as many Federal dollars as it expends State dollars, according to a set formula. State financial commitment will also directly affect programs which do have a specified State allocation or Federal funding ceiling.

In summary, the State side of a State plan should indicate the degree of the State's commitment in terms of the scope and extent of its program. The "tailoring" of the State program should reveal the State's current status of services and priorities and its financial obligations.

State Program Latitude and Flexibility: Optional Choices

Even though a State agrees to participate in a Federal program and therefore obligates itself to provide the mandatory services, and possibly some of the optional services as well, there may exist considerable areas of program implementation which are open to interpretation by the State agency administering the program. These optional choices, made within the literal bounds of the controlling law, regulations and guidelines, are primarily administrative or policy determinations.

A Federal/State plan therefore contains controlling contractual elements (The Federal Side) and may include optional elements to be determined by each State (The State Side), as illustrated below.



As an example, the Federal government recognizes the principle that in the United States there are significant regional differences in the amount of income required to adequately clothe, feed, provide shelter and generally sustain a family of a specified size. The Federal government, while recognizing the necessity to provide financial assistance to States for the Public Assistance Programs (Old Age, Aid to Families with Dependent Children, Blind, and Disability Assistance), allows the States flexibility in determining who may be eligible and the amount of payment. This is clearly pointed out in the Public Assistance Regulations, sec. 233.10(i), under general provisions regarding coverage and eligiblity as a part of the State plan requirements:

> "States have substantial latitude and corresponding responsibility for determining the coverage, scope and nature of their public assistance programs. Although the public assistance titles define the coverage in which the Federal Government will participate financially, a State may provide coverage on a broader or more limited basis. However, it may not impose any eligibility condition that is prohibited under the Social Security Act."

This is not to say that the regulations are not specific in some areas of eligibility determination, but it does show acceptance of the principle that States may actively share responsibility for the program through State policy choices.

It is in the area of analyzing the specific optional choices made by the State agency administering the plan that gives the reviewer the most significant information base upon which he may judge the relevance of the plan to his client group. These policies determine the service groundrules such as which sections of the population may be served (eligibility requirements), which populations shall be given preference or emphasis, and which populations may be effectively excluded either by omission or citation.

It is the element of individual State choice which makes each State's "contract" unique. A State plan is an important primary source document to investigate when attempting to discover how well a population is being or may be served by the Federal government and the State administration.

Relationship of State Plan Review to the Developmental Disabilities Act (DDA)

The Developmental Disabilities Act mandates the review of certain federally assisted programs, all of which require a State plan. The programs specified in the regulations were selected because they represent the basic inventory of federally assisted service programs which may be relevant to the service needs of the developmentally disabled. The DD Regulations (sec. 416.10) state that:

> "The (DDA) State plan shall describe the quality, extent and scope of services being provided to or to be provided to the developmentally disabled under the following federally assisted programs:
>
> Education for the Handicapped
> Vocational Rehabilitation
> Public Assistance
> Medical Assistance
> Social Services
> Maternal and Child Health
> Crippled Children's Services
> Comprehensive Health
> Mental Health and Retardation
> Other related programs, such as Aging

The Act thereby instructs States to review at least a minimal number of State plans in order to determine how well these generic service programs may be utilized to provide services for persons with developmental disabilities, i.e., "specialized services or special adaptations of generic services directed toward the alleviation of a developmental disability . . ." (DDA sec. 102(m)). These services are the sixteen series noted in the DD Act, and are seen on the State Plan Review Process chart which follows. As would be expected, the differences among States will be considerable, since it is the State side of each program which will determine the relevance of the individual federally assisted programs to the developmentally disabled population in each State.

Non-Duplication

The section of the regulations immediately following (416.61) instructs the State to commit DDA funds in service areas which are non-duplicative:

STATE PLAN REVIEW PROCESS

'DESCRIBE THE QUALITY, EXTENT AND SCOPE OF SERVICES'

CONTENTS OF THE STATE PLAN

		SERVICES IN PLAN		
		MANDATORY	OPTIONAL	
			PROVIDED	NOT PROVIDED
SPECIALIZED SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES REG. 416.2M - SEE GUIDELINES FOR DEFINITIONS	DIAGNOSIS			
	EVALUATION			
	TREATMENT			
	PERSONAL CARE			
	DAY CARE			
	DOMICILARY CARE			
	SPECIAL LIVING ARRANGEMENTS			
	TRAINING			
	EDUCATION			
	SHELTERED EMPLOYMENT			
	RECREATION			
	COUNSELING			
	PROTECTIVE-SOCIOLEGAL			
	INFORMATION --REFERRAL			
	FOLLOW-ALONG			
	TRANSPORTATION			
	FINANCIAL ASSISTANCE			
	PLANNING			
OTHER SERVICES	COORDINATION			
	CONSTRUCTION			

SERVICE ANALYSIS

(NARRATIVE)

SCOPE

APPLICABILITY OF THESE SERVICES TO THE D.D.

MANDATORY SERVICES PROVIDED

OPTIONAL SERVICES PROVIDED

EXTENT

AVAILIBILITY OF THESE SERVICES TO THE D.D.

ELIGIBILITY

COVERAGE IN POPULATION

QUALITY

MINIMUM SERVICE STANDARDS

PERSONNEL QUALIFICATIONS

> "The State plan will describe how Federal funds allocated to the State will be used to complement and augment rather than duplicate or replace services and facilities for the developmentally disabled which are eligible for Federal assistance under other State programs."

The intent of the DDA is clear. A State must first ascertain the availability of services applicable to the developmentally disabled in its own State. This is necessary because the Act does not permit funding of programs from DDA monies allocated to the State which would duplicate the purpose of an already authorized and approved Federal program.

The Act thereby focuses upon a planning process which identifies service resources available to the developmentally disabled which are contained within the individual State plan agreements. From this review there are identified service areas for which there are no provisions. These areas represent "service gaps" which may be caused by legal, fiscal or policy gaps. From this information a State is able to focus on initial DDA funding priorities, planning priorities and to consider other strategies for developing resources, either through amendment to the State plans or by other means.

Limitations of State Plan Review

It must be emphasized that the review of Federal/State plans is only one task of the State Councils, and the review of such Federal/State plans as specified in the Act does not by itself constitute a survey of the universe of potential services available to the developmentally disabled in any State. The regulations refer to statewide planning activities which must relate to (Sec. 416.53):

> "Identification, review and evaluation of all major programs, services and facilities for the developmentally disabled in the State."

In fact, there are 59 federally assisted programs which require a State plan, (including the mandated review programs), some of which may be relevant to the developmentally disabled but not required to be reviewed. A listing of these programs is to be found in the *1972 Catalog of Federal Domestic Assistance* (Appendix II). In addition there are a myriad of Federal grant-in-aid programs which do not require a Federal/State plan but which likewise potentially impact the developmentally disabled: these are also listed in the same catalog.

The largest portion of resources available to the developmentally disabled are State supported programs and funds which do not require a State plan. Information concerning program content and assessibility of service to the developmentally disabled are not usually found in a single document (such as a State plan), but rather in the body of State law, State regulation, policy directives and at the various points of actual service delivery. For state resource review, it is essential to survey existing State statutes in order to determine whether mandates exist for services and to locate the responsible State administering agency.

Private and non-governmental organizations constitute the third tier of potential resources for the developmentally disabled. These organizations often provide services which a State or locality does not, and theoretically have the most flexibility in chosing program and service direction, style and emphasis.

Limitations of State Plan Content

No two State plans are exactly alike insofar as their actual content and layout, therefore these comments are meant to be general in nature and are made with the assumption that at least certain information which the DD State Plan is required to report upon should be available in those State plans required to be reviewed.

With little exception State plans do not identify the actual numbers of developmentally disabled who are covered as part of the generic program. As a consequence, "hard" data relative to the inclusion of the target population is for the most part unavailable.

Statistical information dealing with the dispersement of services within the State (units of service delivered, numbers of clients) along defined sub-units of the State are also generally lacking. There is often no way to tell the geographic allocation of services nor the depth of service (local area and actual delivery points). Standardized locational inventories of services would add to the desired statistical base.

The organization of State plans may be unstructured and the contents or parts of the plan fragmented, requiring the reviewer to assemble two or more documents in order to undertake the review. The use of pre-printed sections of State plans, which insures compatible and sequential organization as well as identical content would facilitate the review task.

In most plans there is no attempt to evaluate the program goals and objectives; consequently, it is difficult to obtain an accurate assessment of the impact of services or a realization of the problems or obstacles impeding service delivery.

All of these limitations contribute to the basic problem of being unable to secure the *total* range of desired information regarding quality, extent and scope of services from the State plan itself. This problem is aggravated when the state review staff is small and necessarily limited to research activities from primary sources, i.e., the basic documents such as the law and the State plan.

These observations are not meant to diminish the importance of State plan review, for the fundamentals of the contract services are always to be found in the plans. It is in the area of policy implementation and organizational commitment and responsibility for services that the State plan alone may be a somewhat deficient informational tool.

PART B

This part deals with actual analysis of Federal/State plans and contains two sections:

Section I consists of a methodology for reviewing Federal/State plans to determine the quality, extent and scope of services contained within the plan and to identify legal, administrative and fiscal information relevant to the plan.

Guidelines for actual review of State plans are contained in Section I with operational definitions of "quality," "extent" and "scope" of services. These guidelines define such terms with respect to common elements of information found in almost all State plans. Instructions for narrative summarization of the review procedure are included as well as a framework of basic questions regarding all aspects of the review to aid the reviewer in his analysis.

Section II consists of a sample review of a Federal/State plan, using this methodology. In this section all items of information found in the guidelines are completed for both the Federal and State side of the plan. A narrative analysis of the program illustrates the way in which quality, extent and scope of service may be treated as a tool to point out service gaps and service options for the developmentally disabled population in any State.

The State plan reviewed in Section II is "Social Services for Families and Children," Title IV of the Social Security Act. This particular State plan review is the actual review prepared by the Massachusetts Developmental Disabilities Council in developing the 1972 Developmental Disabilities State Plan for Massachusetts. The data included and the conclusions reached are based on the State plan submitted by the Massachusetts Department of Public Welfare and approved by the Department of Health, Education and Welfare regional office.

Since this review was prepared in early 1972, the Department of Public Welfare has been engaged in negotiations with other State agencies and the regional office of HEW to expand coverage under this program for residents of the Commonwealth of Massachusetts, and to separate all eligibility functions from service functions in order to obtain a more favorable Federal/State matching rate for social services for families and children.

PART B
SECTION I

GUIDELINES FOR THE REVIEW OF FEDERAL/STATE PLANS

PART I – INTRODUCTION

Section 134(b)(2)(A) of the Developmental Disabilities Act stipulates the fiscal State Plan for the Provision of Services and Facilities Construction for Persons with Developmental Disabilities must "describe the quality, extent and scope of services being provided, or to be provided, to persons with developmental disabilities under such other State plans for federally assisted state programs as may be specified by the Secretary . . . ."

To satisfy this requirement, State plans must be reviewed and the findings must be presented in summary form as Attachment 5.2A of the State plan preprint. In addition, a detailed report of the review findings, relevant to the developmentally disabled population, will accompany Attachment 5.2A to further document the statewide services provided for persons with developmental disabilities under the State plan.

PART II – REVIEW PROCEDURE

To determine the quality, extent and scope of services provided, or to be provided, to persons with developmental disabilities, a State plan will be reviewed to include the following:

A. Purpose of the Legislation: Describe the history and intent of the relevant Federal Act mandating the submittal of the State plan and state the corresponding history and intent of the state law, or executive order, or administrative order pertinent to the State plan.

B. Applied Terminology: Define the target population served, or to be served under the State plan and specifically, cite the terms applied to the developmentally disabled population per se or cite the equivalent terms referring to the "disabled" as determined by the Federal Act and/or regulations, and/or the administering state agency.

C. Summary of the State Plan: Condense the information in the State plan by completing the summary forms 1-4 to determine: (1) the legal, fiscal and administrative authority; (2) the scope of service provisions; (3) the quality of service provisions; and (4) the extent of service provisions.

PART III – GUIDLINES FOR COMPLETING THE STATE PLAN SUMMARY FORMS

The following Sections A-D include the definitions and interpretations of the column headings found in the State plan summary form 1-4 and comprise the specific guidelines for completing the summary forms:

A. Guidelines for Summary Form #1–**Legal, Fiscal and Administrative Authority for Federal/State Plan.** (Note: Financial information, such as appropriation, authorization, allotment and expenditure should reflect the most current fiscal year).

1. "Title of Federal/State Plan" – State name of Federal/State Plan. Include program reference number in most current edition of the *Catalog of Federal Domestic Assistance.*

2. "Citation of Statute, Executive Order or Administrative Order"

a. Federal – Cite public law number and amendments and pertinent title or part to be described.

b. State - Cite chapter and section of the law or cite administrative or executive order number which designates single state agency or gives agency authority to administer the provisions of the Federal/State plan.

3. "Citation of Federal Regulations Regarding State Plan Requirements" – Cite volume, number and date of *Federal Register* or reference in *Code of Federal Regulations Annotated.*

4. "Designated Administering Agency(s)" – State the designated administering agency for the relevant program on the federal level and on state level. Indicate if more than one state agency has been designated to administer or supervise the administration of the program. Also, indicate the individual in the designated agency responsible for the development of the State plan.

5. "Level of Federal Financial Authorization" – State what was "authorized to be appropriated" by the U.S. Congress, usually found in the federal legislation. Where applicable, state if open-ended.

6. "Level of Federal Financial Appropriation" – State the actual amount of money appropriated by federal legislation. Where applicable state if open-ended.

7. "Level of Federal financial Allotment to State" – Cite the part of the total national appropriation that has been allocated to the state for use under the Federal/State plan.

8. "Formula Prescribed by Law to Determine Allotment to State" – Cite the "prescription" the federal government uses to determine the amount of money that should be allocated to each state. Usually found in the Federal Act.

9. "State Appropriations for Program" – State the amount authorized by the state legislature for this program.

10. "State Expenditure for Program" – State the amount actually expended by the state for this program.

11. "Federal/State Percentage of Financial Share for Program" – Cite the percent of state matching funds as required in the Federal/State plan. The state's share of funds may be composed solely of state money and/or local and/or private financial participation where applicable.

12. "Methods for Distribution of Funds" – State the prescribed methods for the distribution of the total funds allocated for the program in the state.

B. Guidelines for Summary Form #2 – **Scope of Service Provisions in Federal/State Plan**

"Scope" – Describes the type of services provided in the Federal/State Plan

1. "Mandatory Service Provisions Prescribed by Law" – Cite those provisions that *must* be agreed to by the state in order to receive funds under the Federal/State Plan. These requirements can be found in the Federal Act and Regulations and are cited in the State plan as service provisions in compliance with Federal law.

2. "Optional Service Provisions" – Cite those service provisions that may be agreed to if the state wishes under the Federal/State Plan. These service provisions may be found in the Federal Act and/or Regulations.

3. "State Commitments Established in Federal/State Plan" – Cite all of the state's agreements of provisions for service as found in the Federal/State Plan. This will include both mandatory and optional agreements as well as any additional commitments that may be made by the state.

C. Guidelines for Summary Form #3 – **Quality of Service Provision in Federal/State Plan.**

"Indicators of Quality" – Determine essential operating standards for the program by citing the following:

1. Personnel Standards – cite certification, licensure, training, in-service training and staff review standards in the program.

2. Procedural Standards – cite the methods employed for program evaluation, client evaluation and review and the provisions for reviewing established procedures.

3. Site and Space Standards – cite the public safety regulations relevant to the space occupied by the program and cite the standards for site, i.e., accessability of site to transportation, provision for architecturally barrier-free facilities.

4. Human Rights Assurance – cite the Statement of compliance with the Department of Health, Education and Welfare's policy regarding Human Rights.

5. Civil Rights Assurance – cite the Statement of compliance with the requirements imposed by or pursuant to the Regulations of the Department of Health, Education and Welfare issued pursuant to Title VI of the Civil Rights Act of 1964 (PL 88-352) to the end that, in accordance with Title VI of that Act and the regulations, no person in the United States shall, on the ground of race, creed, color, sex or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity administered under the State plan.

6. Operating Goals and Objectives – cite the methods employed for developing the goals and objectives for operating the relevant program and state the actual goals and objectives of the program.

7. Other – cite any other pertinent standards for the program that would indicate a measure of quality.

D. Guidelines for Summary Form #4 – **Extent of Provision in Federal/State Plan**

"Extent" – Depth of coverage. Includes qualifying and disqualifying characteristics of populations served under provision of the Federal/State plan. Also includes total numbers served under the Federal/State plan.

1. "Age" – State age of population eligible for service under program.

2. "Level of Function" – Include in this column the stated I.Q. level eligible for service and remarks on social behavior characteristics that would qualify or disqualify an individual from service provisions.

3. "Geographic Area Served" – Indicate if the services are regional, local, etc. Also indicate information on specific target areas mentioned in the plan, i.e., poverty areas or areas of high unemployment, etc.

4. "Economic Status" – State the financial eligibility for service, i.e., no restriction, financially indigent, etc.

5. "Other" – State any other specific qualifying or disqualifying eligibility characteristic stated in the Federal/State plan.

6. "Population Eligible for Service" – Explain in this column who may receive benefits of

provisions under the Federal/State plan, i.e., MR, CP, Epileptic or other neurological disorders and/or other client groups stated in plan.

7. "Numbers Served Under Federal/State Plan" – State, where possible, numbers served under Federal/State plan by client group explicitly stated in column "Population Eligible for Service." If possible, state both numbers served and numbers estimated to be served by the Federal, State plan in the next fiscal year.

PART IV – SUMMARY OF FINDINGS

The Federal/State plan review procedure should conclude with a summary of findings relevant to the developmentally disabled. That is to say: (1) the *extent of service* to persons with developmental disabilities should be documented by entering the number of developmentally disabled and the type of developmental disability served under the provision of the Federal/State plan; (2) the *scope of services* should be documented by stating which of the 16 types of services, if any, are being provided to persons with developmental disabilities; and (3) state briefly, if the quality of service provided to the developmentally disabled under the Federal/State Plan is in accordance with the applicable standards and regulations.

This method of summarizing the findings will lead to identification of certain existing gaps in services for the developmentally disabled population. In addition to identifying the gaps in scope, quality and extent of services, certain gaps will also be identified in the legal, fiscal and administrative authority for the Federal/State Plans.

The following suggested checklist will aid the reviewer in identifying gaps in both areas cited above:

A. Legal, Fiscal and Administrative Authority – Form #1

1. Does the Federal legislation provide for the developmentally disabled population?
2. Does the State legislation provide for the developmentally disabled population?
3. Do the Federal regulations effect provisions for the developmentally disabled?
4. Does a discrepancy exist between the level of Federal authorization and the level of appropriation?
5. Does the allocation to the state appear to be adequate for the program?
6. Is the formula for state allocation adequate?
7. Has the state appropriated matching funds for program?
8. Are the methods for distribution of funds on the state level satisfactory?

B. Scope of Service – Form #2

1. Does the state commitment go beyond the mandatory service provisions to include the optional provision?
2. Are the developmentally disabled included in the mandatory service provisions? In the optional service provisions?
3. Compare the stated service provisions with the 16 service provisions cited in the Developmental Disabilities Act.
4. Indicate the type of service *not* provided under this program to the developmentally disabled.

C. Quality of Service – Form #3

1. Does the state comply with the mandatory quality standards?

2. Does the state comply with the optional quality standards?

D. Extent of Service – Form #4

1. Are the developmentally disabled served under the Federal/State Plan?

2. What criteria excludes the developmentally disabled from program? State age, level of function, locality, economic status, or any other disqualifying characteristic.

PART B
SECTION II(A)

SUMMARY REVIEW FORM #1

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/ State Plan	Citation of Statute, Executive Order or Administrative Order		Citation of Federal Regulations	Designated Administering Agency	
	Federal	State		Federal	State
"SERVICE PROGRAMS FOR FAMILIES AND CHILDREN"	SOCIAL SECURITY ACT of 1935, as amended Title IV-A AID TO FAMILIES WITH DEPENDENT CHILDREN TITLE IV-B CHILD WELFARE SERVICES	MASSACHUSETTS GENERAL LAWS CHAPTER 118 Section 2.6 CHAPTER 119	*Federal Register* Vol. 34 No. 18 Part II	Department of Health Education and Welfare Social and Rehabilitation Service	Department Public Welfare

PART B
SECTION II(A)

Legal, Fiscal and Administrative Authority – Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Level of Federal Financial Allotment to State	Formula Prescribed by Law to Determine Allotment to State	State Appropriation for Program
Part A–AFDC is an "open-ended" program	Part A–AFDC Social Services and Administration FY 1970 $730,720,000 (includes services to OAA, APTD, AB categories as well as AFDC social services)	AFDC Social Services and Administration FY 1970 $9,802,873	This program is "open-ended" and does not require a specific formula grant allotment to the State. Federal financial participation is available to the State as is found necessary for the proper and efficient administration of the plan, for the costs of providing services for needy families and children and in carrying out the activities specified in "Scope" and "Quality"	Part A–AFDC FY 1970 $5,831,909 Social Services and Administration
Part B–CWS FY 68 $ 55,000,000 FY 69 $100,000,000 FY 70 $110,000,000	Part B–CWS FY 1970 $57,000,000	Part B-CWS FY 1970 $1,013,767	Part B–CWS The amount of each State's CWS grant is determined, after a uniform allocation, by such factors as the child population under 21 and the average per capita income. The uniform allocation equals $70,000 to each state plus the formula amount determined above.	Part B–CWS FY 1970 $19,924,000 and administration Care and Maintenance of Children Program (CWS federal funds pay for part of the administrative expenditure of this program.)

Legal, Fiscal and Administrative Authority – Continued

FY 1970 State Expenditure for Program	FY 1970 Federal/State Percentage Share for Program		Methods for Distribution of Funds
	Federal	State	
Part A–AFDC	75% (max)	25% (min) Payments for social services provided if staff junctions *re* eligibility and services separated and for training of staff.	Federal grants are provided to State Welfare agencies for social services to families and children receiving AFDC. Based on each such family's special circumstances and requirements, these services assist the family to attain or retain capability for self-support and care, to maintain and strengthen family life, and to foster child development. Services are offered to all those eligible under the State plan by the administering agency directly or by purchase of service.
Social services and administration FY 1970 $15,634,782	*62.7% (In Massachusetts)	37.3%	
	50%	50% Any other type of service not included in the 75%-25% program (including salaries and travel for staff primarily engaged in eligibility function)	
Part B–CWS Care and Maintenance of Children Programs FY 1970 $25,685,065 (of this total, $4,841,330 was administrative expense, of which $1,013,767 was paid by Federal CWS funds)			The State Welfare agencies are eligible for grants for establishing, extending and strengthening Child Welfare Services under Part B of Title IV.

*In FY 1971 the match was reduced to 50%-50%.

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law	Optional Service Provisions Prescribed by Law	State Commitment Established in Federal/STATE Plan
TITLE IV-A (AFDC)	TITLE IV-A (AFDC)	TITLE IV-A (AFDC)
DEVELOPMENT OF SERVICE PLAN – and continuous maintenance for each family and child who requires services to maintain and strengthen family life. **DEVELOPMENT OF EMPLOYMENT OBJECTIVES** – Services must be provided to assist all appropriate persons to achieve employment and self-sufficiency. **CHILD CARE SERVICES** – In and out-of-home services must be available or provided to all persons referred to and enrolled in the WIN program and to other persons for whom the agency has required training or employment. **FOSTER CARE SERVICES** – Provided for children receiving aid under AFDC (or eligible for AFDC if application were made). **PREVENTION OR REDUCTION OF BIRTHS OUT-OF-WEDLOCK**– Services to prevent and reduce such births to all appropriate adults and youths, with initial priority for mothers who have given such birth, are currently pregnant and for youths living in settings conducive to above. **FAMILY PLANNING SERVICES** – Specifically including medical contraceptive services, social services and educational services. **PARTICULAR NEEDS OF FAMILIES** – Assistance in obtaining education, homemaking services and solving housing problems and related services.	Range of Optional Services: . . . for the purpose of preserving, rehabilitating, reuniting or strengthening the family, and such other services as will assist members of a family to attain or retain capability for self-support and personal independence, the full range of selected family services and Child Welfare Services may be included. Types of selected services: **CHILD CARE SERVICES** – In addition to those mandated for WIN program and meeting same standards **EMERGENCY ASSISTANCE** – In the form of services to needy families with children (including migrants) **EDUCATIONAL AND TRAINING SERVICES** – Provided where WIN has not been initiated or is inadequate to meet the needs of recipients. **LEGAL SERVICES** – for families desiring such help with their problems. **Optional Coverage** – These services may be provided to groups listed below: 1. Current applicants for aid 2. Former applicants or recipients 3. Potential applicants or recipients of aid, i.e., who:	The State agency has committed itself to meet and fulfill all of the mandatory provisions listed in column #1 to all recipients of aid under the AFDC program and has elected to provide specific optional services and services for additional groups. Service options include: **FAMILY AND CHILD WELFARE SERVICES** (a) Services to unwed mothers shall be extended to include former and potential applicants for aid (financial assistance) and some of such services will be counseling, foster care and adoption. (b) Services to children in foster care shall be provided with the form of foster care most appropriate to their needs, i.e., foster homes, specialized group homes and therapeutic institutional placement, and shall be provided to all children in foster care who are medically needy under Title XIX programs and who are supported in whole or in part by the Department of Public Welfare. **CHILD CARE SERVICES** –Additional services planned by exploring needs for child care services to residents of Model Cities areas without regard to such residents being in receipt of AFDC and continued child care to sustain training and/or employment of a mother while receiving aid and will continue this service after termination of aid to prevent the reoccurence of financial need and/or until other satisfactory child care arrangements can be made.

Scope of Service Provisions – Continued

Mandatory Service Provisions Prescribed by Law	Optional Service Provisions Prescribed by Law	State Commitment Established in Federal/STATE Plan
TITLE IV-A (AFDC) – Continued	TITLE IV-A (AFDC) – Continued	TITLE IV-A (AFDC) – Continued
PROTECTIVE SERVICES – Provided to those children who are receiving aid and who are found to be in danger of or subject to neglect, abuse or exploitation. **SERVICES RELATED TO HEALTH NEEDS** – Identifying the needs for preventive and remedial medical services and making optimum use of the services available. **WORK INCENTIVE PROGRAM (WIN)** – Operated by the designated Manpower agency and mandates each appropriate individual 16 years and over receiving AFDC (or in the same household) must be referred to WIN training by the administering agency.	(a) are eligible for medical assistance as medically needy (b) would be eligible for aid if the earnings exemption granted to recipients applied to them (c) are likely, within 5 years, to become recipients (d) are at or near the dependency level, including those in low income neighborhoods and among other groups that might otherwise include more AFDC cases, where services are provided on a group basis 4. All other families and children for information and referral only 5. All families and children in the above groups, or a selected reasonable classification of families and children with common problems or common service needs.	**EMERGENCY ASSISTANCE SERVICES** – Made available to families, including migrant families, where there is a needy child under 21, (1) receiving AFDC or General Relief (GR); (2) families eligible upon application for AFDC or GR: (3) and children under 21 otherwise eligible for AFDC. **EDUCATIONAL AND TRAINING SERVICES** – No plans to include this optional service at this time but rather will utilize the WIN program to a maximum degree. **LEGAL SERVICES** – No plans to purchase legal services but referral will be made to appropriate sources of legal help. **Optional Group Coverage Summarized:** (1) Unwed mothers who are potential recipients of aid within the next 5 years (2) Children in foster care who are medically needy and supported by the Department of Public Welfare (3) Current applicants and families with children applying for or receiving General Relief (4) All families with children who need information and referral services

Scope of Service Provisions — Continued

Mandatory Service Provisions Prescribed by Law	Optional Service Provisions Prescribed by Law	State Commitment Established in Federal/STATE Plan
TITLE IV-B (CWS)	TITLE IV-B (CWS)	TITLE IV-B (CWS)
State plan for Child Welfare Services must assure and provide: Progressive extension of services to be available in all political subdivisions by 7/1/75 for all children in need of them, including annual progress in one or more of the following: (a) covering additional political subdivisions (b) reaching additional children in need of services (c) expanding the range of services provided (d) improving the quality of services through additional child welfare personnel Set priorities for extending CWS to communities with greatest need and establishing methods to assess this need using financial need criteria. As a minimum, CWS are to be provided to children in their own homes and the provisions of foster care for children. Development of individual case plans and periodic review. Services will be available on the basis of need to services. Child welfare services will not be limited to AFDC cases.	**Range of Optional Services:** The Social Security Act defines the full range of child welfare services as follows "... public social services which supplement or substitute for, (1) parental care and supervision for the purpose of preventing or remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children, (2) protecting and caring for homeless, dependent or neglected children, (3) protecting and promoting the welfare of children and working mothers, and (4) otherwise protecting and promoting the welfare of children, including strengthening of their own homes, provision of adequate care of children, provision of adequate care for children away from their own homes or day care or other child care facilities."	**The State plan assures:** Extension of Child Welfare Services by: (a) providing CWS in all parts of the state equally (except pilot projects) (b) services to children in their own home by agreement with voluntary agencies (c) requests for additional staff to insure adequate delivery of services (d) improvement and elaboration of in-service training program to improve quality of service (e) continuous efforts to expand services in the area of shelter care, emergency services and homemaker services (State plan assures:) Priorities in extension of services are based on various processes of information exchange and judgments are made concerning program plans and priorities. As a minimum, CWS are available in all political subdivisions of the state, either provided by the Department of Public Welfare or by voluntary agencies. Case plans are developed for each individual and/or family and reviewed periodically. **Commitment to Optional Provisions:** Services offered will include: (a) substitute care

Scope of Provisions – Continued

Mandatory Service Provisions Prescribed by Law	Optional Service Provisions Prescribed by Law	State Commitment Established in Federal/STATE Plan
TITLE IV-B (CWS) – Continued	TITLE IV-B (CWS) – Continued	TITLE IV-B (CWS) – Continued
		(b) purchase of care in foster homes (c) placing emotionally disturbed children in group homes, institutions and adoptive houses (d) protective services for certain physically abused children (e) licensing of independent boarding houses and protective services for children independently placed in adoptive houses (f) services for unwed mothers (g) protective services and services to children in their own homes when not available from voluntary agencies The above services will be provided directly. However, on a case by case basis services will be purchased related to the specific needs of the individual when necessary. Services to unwed mothers will be provided on a contractual basis with licensed voluntary agencies. Day care services will not be provided for the current fiscal year under Part B.

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards	State Compliance with Mandated Standards
Personnel Standards	To be approved, a State plan for providing social services to families with dependent children with federal participation must provide for: (1) establishment and maintenance of personnel standards on a merit basis and the training and use of paid sub-professional staff and volunteers; (2) staff development on a progressive basis and career development; (3) use of professional staff drawn from relevant fields; adequate numbers of full-time staff assigned to service functions; (4) regulated caseloads.	State agency has: (1) established and maintains personnel standards on a merit basis; (2) made provisions for training and use of paid sub-professional staff and volunteers (emphasis on employing recipients and others of low income); (3) provisions for staff development with in-service training and orientation, and educational leave (paid); provisions for staff drawn from fields of social work, rehabilitation, counseling, etc., and adequate system of career development; (4) regulated caseloads.
Procedural Standards	Reports and evaluations must be furnished to the Secretary as he may specify, showing scope, results and costs of services and provide for development of policy and the maintenance of policy control for all parts of the service program and assure proper program implementation. Provide for periodic review of all case plans (annually for foster care). Separate eligibility functions from service functions by 7/1/72 and relieve service staff of non-service functions. Maximum utilization of other agencies providing similar services.	The state agency has made provisions for procedures outlined in the corresponding column. Eligibility requirements are outlined in the agency Policy Manual, and periodic review of all case plans has been established. Separation of eligibility functions from service functions is under task force study. The Department of Public Welfare has contractual agreements with more than 50 private voluntary agencies providing social services.
Site and Space Standards	State agency will establish and maintain standards for office space, equipment and facilities that will adequately meet staff and program needs.	State agency has set standards for office space, equipment and facilities to meet the needs of staff and the program and assures continuous effect standards for all local offices and special centers by: (1) regular planned evaluation of said standards and (2) provides methods of enforcement when necessary to secure compliance with set standards.
Human Rights Assurance	Must provide safeguards which restrict the use and disclosure of information about clients served in the programs to purposes directly connected with the administration of the State plan.	The Human Rights Assurances are fully stated in the Department of Public Welfare Policy Manual and are in full compliance with the mandated standards as specified in the regulations.
Civil Rights Assurance	The social services program must be operated in compliance with Title VI of the Civil Rights Act of 1964.	The State agency is in full compliance with the mandated Civil Rights Assurances.

Quality of Service Provisions – Continued

Indicators of Quality	Mandated Federal Standards	State Compliance with Mandated Standards
Operating Goals and Objectives	All of the services contained in the State plan must be available, accessible and provided with reasonable promptness to all eligible persons needing the services. Each applicant and recipient of AFDC must be informed of the services available and be extended an opportunity to express his need and to request services. Eligible individuals must be free to determine whether to accept or reject services.	The State agency commits itself to fulfill the goals and objectives of the social services program as mandated by the Social Security Act and as stated in the regulations. The overall goal is to provide social services when requested by the recipient to all current recipients of aid under the AFDC program either directly or through the purchase of services.
Other	Provide for the establishment of an advisory committee on AFDC and CWS, and on Day Care services.	State agency has established an advisory committee on AFDC and CWS whose advisory responsibilities extend to Day Care services.
	Provide the opportunity for a fair hearing before the State agency for any dissatisfied claimant.	State agency has made provisions for fair hearings (as stated in the Policy Manual).
	Provide for statewide operation for the program.	Social service programs are in effect in all political subdivisions of the state.
	Provide for State financial participation in the social services program.	State financial participation is provided and evidenced in the State appropriation for social service programs.

SUMMARY REVIEW FORM #4

EXTENT OF SERVICE PROVISIONS IN FEDERAL/STATE PLAN

Eligibility Criteria for Service	Commitment to Extent of Service in Plan
Age	Under 21 years – if 18 and under 21, must be regularly attending a school, college or university or be enrolled in a vocational or technical training program.
Level of Function	No restriction
Geographic Area Served	Statewide. Must be a resident of the Commonwealth of Massachusetts at the time of application with no durational residence requirement.
Economic Status	AFDC – services shall be on the basis of financial need. "Need" shall be defined as "has insufficient income and resources to provide a reasonable subsistance compatible with decency and health."
Other	AFDC – child must be dependent and live in the house of a parent or grantee relative. Employable recipients must register with Division of Employment Security for the Work Incentive Program. CWS – all families and children in need of child welfare services without respect to whether they are receiving AFDC.
Population Eligible for Service	MR *yes* CP *yes* EP *yes* Other Neurological conditions *yes* Other *yes*
Number Served Under Federal/ State Plan	MR = 3,747 (estimate) CP = Not available EP = Not available Part A – Average monthly AFDC caseload (assistance payments = 56,932 Part B – Number of children under care = 12,076

PART B
SECTION II(B)

FEDERAL/STATE PLAN REVIEW
COMMONWEALTH OF MASSACHUSETTS

Service Programs for Families and Children

HISTORY AND PURPOSE OF THE LEGISLATION

The Social Security Act was enacted August 14, 1935. Since then it has been amended on a number of occasions with specific amendments in 1962 and 1967 authorizing an increase in Federal financial participation for social services.

The purpose of the social service authorization is to encourage each state to furnish rehabilitation and *other services* to help individuals and families to attain or retain capability for the maximum self-support for self-care. Social service programs are administered in Massachusetts for: (1) families and children under Title IV-A, (2) for the aged under Title I; (3) for the blind under Title X; (4) for the permanently and totally disabled under Title XIV.

Service Programs for Families and Children (Title IV-A and B)

IDENTIFICATION OF GAPS RELEVANT TO THE DEVELOPMENTALLY DISABLED

Legal, Fiscal and Administrative

The federal legislation does not specifically provide for service programs for the developmentally disabled but rather provides for a financially needy target population. The legislation authorizes an open-ended fund for the provision of social services to needy families with children under Title IV, Part A and limited funds under Part B for the states to establish, extend and strengthen child welfare services. While the appropriation for Part A is adequate on the Federal level, the appropriation ($57,000,000) for Part B is grossly inadequate. In fact, the Commonwealth received only $1,013,767 in FY 1970 under Part B and applied those funds to the administration expenditure of the Care and Maintenance of Children program.

The amount of federal funds received under Part A (AFDC) for social services and administration is dependent upon the availability and extent of State matching funds. Therefore, the state appropriation for this item is a critical issue here since increased Federal participation in this program necessarily must mean increased state appropriation. While no assessment of the FY 70 state appropriation for social services and administration can be made at this point it is a fact that the Department of Public Welfare is understaffed in the social worker category due to lack of appropriated positions and, therefore, the social services program is limited by the number of available staff who can perform this function.

The state appropriation for programs under Part B (Child Welfare Services) covers the Care and Maintenance of Children Program of the Department of Public Welfare. Since the federal funds received in FY70 amount to only $1,013,767 for a state program whose total cost amounted to $25,685,065, the federal appropriation and allotment to the state for child welfare services is grossly inadequate and the state has therefore, had to support the child welfare programs almost solely through state funds. Certain medical expenses under Title XIX and certain foster care expenses qualify under the AFDC-Foster Care program and are eligible for federal funds so the total figure of $25,685,065 can be further reduced to $23,000,000 (est.) as a state expenditure.

Very few foster care placements are federally reimbursed because: (1) foster care under AFDC must be based on a judicial determination; (2) this is contrary to the operating goals and objectives of the Department of Public Welfare where children are placed on a voluntary basis with few exceptions. Increased federal appropriation for Part B of Title IV would be essential in order for the state to diminish the expenditure for child welfare services.

Recognizing the issue of lack of professional staff in terms of state appropriation becomes essential to understanding the failure of the Department of Public Welfare to qualify for the maximum 75% federal rate of reimbursement for the AFDC social services and administration. Initially, the federal rate for this program was established at 85/15 for FY69 and at service costs for states which have not implemented the separation of services program. The total costs of salaries and travel of workers carrying responsibility for both *services and eligibility functions* and supervisory costs related to such workers, and all or part of the salaries of supporting clerical staff are subject to the following rates: (1) 75% for FY69; (2) 60% for FY70; (3) 50% for all subsequent years[1]

The Commonwealth has not implemented this separation program (except in a few district offices), however, the Department of Public Welfare has a task force investigating this issue. The Department of Public Welfare administrative staff indicated separation implementation costs would by far outweigh the additional 25% of federal funds available since: (1) the majority of public assistance social workers perform both functions presently; (2) many additional social workers would be needed to perform the separate service functions; (3) the Department is already short staffed and additional state appropriated positions would be difficult to obtain.

SCOPE OF SERVICE PROVISIONS

The administering agency, the Department of Public Welfare, has committed itself to meet and fulfill all of the mandatory provisions of Title IV-A and B including: (1) all of the mandatory services listed in the summary of the "Scope of services": (attached) for Part A and B; (2) all of the mandatory groups to be served, i.e., *current recipients* of financial aid under the AFDC program and others in the house whose needs are considered in determining eligibility for such aid. In addition, the Department of Public Welfare has elected to provide several of the optional services to those eligible under the plan plus extended coverage to several optional groups as described in the "Scope" summary sheet.

Recognizing the above commitment, the developmentally disabled are not excluded from any of the services under the State plan providing they are current recipients of financial aid under the AFDC program and in some instances may also qualify under the optional group coverage specifications.

The following outline of services and service gaps is based on: (1) the eligibility criteria established under the State plan; (2) the 16 types of services listed in the developmental Disabilities Act as the program goals for the developmentally disabled.

1. **Diagnosis** – Provided to all developmentally disabled who are current recipients of financial aid either directly or by "purchase of service" contracts.

2. **Evaluation** – Provided to all developmentally disabled who are current recipients of financial aid either directly or by "purchase of service" contracts.

3. **Treatment** – Not mandated (referral to the Medical Services Unit for the Title XIX program).

[1]Separation of services from eligibility functions was mandated by the Secretary of Health, Education and Welfare with an implementation deadline scheduled for July 1, 1972.

4. Personal Care – Provided through homemaker services but not on the level of care defined as the objective for the developmentally disabled.

5. Day Care – (a) Provided to all current recipients of financial aid where the parent has been referred to the WIN training program or another type of training program or employment required by the Department. Optional service provisions are planned by exploring needs for child care services to residents of the Model Cities areas *without* regard to such residents being in receipt of financial aid; (b) Continued child care will be provided to sustain training and/or employment of a mother while receiving financial aid and will continue this service after termination of financial aid to prevent the reoccurance of financial need and/or until other satisfactory child care arrangements can be made.

6. Domiciliary Care – Not mandated to provide.

7. Special Living Arrangements – Not mandated to provide.

8. Training – Provided through the WIN training program for unemployed parents (or anyone 16+) in the same household as the dependent child receiving AFDC. The developmentally disabled might receive this type of training designed to fit them for gainful employment only (including homemaking) but not on the level defined as the objective for training services for the developmentally disabled.

9. Education – Not mandated to provide.

10. Sheltered Employment – Not mandated to provide.

11. Counselling – Provided to all developmentally disabled who are current recipients of financial aid either directly or by "purchase of service" contracts.

12. Protective and Other – Provided to all current recipients of aid. Children who are found to be in danger of or subject to neglect, abuse, or exploitation receive protective services from the Department or through private voluntary agencies (such as the Massachusetts Society for Prevention of Cruelty to Children) via contractual agreements.

13. Recreation – Not mandated to provide.

14. Information and Referral – Provided to all current recipients of financial aid, as well as to all of the optional groups, i.e., current applicants, former applicants or recipients of aid and potential applicants (See "Scope" summary for definition of "potential applicant").

15. Follow-Along and Transportation – Provided to all developmentally disabled who are current recipients of financial aid either directly or by "purchase of service" contracts.

The developmentally disabled would also be eligible for the above services, as specified, if they were in any of the following categories: (1) current applicants or recipients of the General Relief program or if a family with a developmentally disabled child was applying for or was in receipt of General Relief aid; (2) children in foster care who are medically needy (one of the categories of potential applicant) and supported in whole or in part by the Department; (3) unwed mothers who are potential recipients of financial aid within the next five years.

QUALITY OF SERVICE PROVISIONS

All services are equally available to all children and families in the Commonwealth who are eligible under the State plan. All requests are processed promptly, handled with consideration and respect, and all information secured is safeguarded with strict confidentiality.

The quality of services provided to the developmentally disabled under the Title IV social services state plan is in accordance with the applicable standards and regulations.

EXTENT OF SERVICE PROVISIONS

The developmentally disabled are eligible for social services if they are current recipients of financial aid under the AFDC program (unless otherwise specified), i.e., must meet the financial need criteria established for the AFDC program plus the other criteria as described in the "extent" summary.

IMPLICATIONS OF REVIEW FINDINGS

The Massachusetts Developmental Disabilities Council may elect to further investigate and/or take action on any one or all of the following issues affecting the delivery of social services under Title IV-A and B to the developmentally disabled in the Commonwealth.

1. Recommend an increase in the federal appropriation level for Part B – Child Welfare Services.

2. Recommend an increase in the State appropriation level for Department of Public Welfare Title IV social services program.

3. Recommend to the Department of Public Welfare to extend coverage to the optional groups listed as "potential applicants or recipients of aid," thereby, the developmentally disabled would qualify for all services under the plan including the greatly needed day care services.

4. Recommend to the Department of Public Welfare to include certain optional services under the plan, i.e., include additional child care services beyond those specified in the state plan.

5. Recommend to the Department of Public Welfare to include day care services under Part B (optional provisions) for all needy children and including the developmentally disabled.

STATE PLAN REVIEW

ATTACHMENT 5.2A

COMMONWEALTH OF MASSACHUSETTS

"SERVICE PROGRAMS FOR FAMILIES AND CHILDREN"

SOCIAL SECURITY ACT, TITLE IV (AFDC and CWS)

CONTENTS OF THE STATE PLAN		SERVICES IN PLAN		
		MANDATORY	OPTIONAL	
			PROVIDED	NOT PROVIDED
SPECIALIZED SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES REG. 416.2M - SEE GUIDELINES FOR DEFINITIONS	DIAGNOSIS	X		
	EVALUATION	X		
	TREATMENT			
	PERSONAL CARE			
	DAY CARE	X (WIN)		X
	DOMICILARY CARE			
	SPECIAL LIVING ARRANGEMENTS			
	TRAINING	X (WIN)		X
	EDUCATION			
	SHELTERED EMPLOYMENT			
	RECREATION			
	COUNSELING	X		
	PROTECTIVE-SOCIOLEGAL	X		
	INFORMATION --REFERRAL	X		
	FOLLOW-ALONG	X		
	TRANSPORTATION	X		
	FINANCIAL ASSISTANCE			
	PLANNING			
OTHER SERVICES	COORDINATION			
	CONSTRUCTION			

PART C

This part analyzes a selection of 11 programs requiring a Federal/State plan which are to be reviewed under the Developmental Disabilities Act. The programs are reviewed only from the Federal side, based on existing Federal law and regulations.

The purpose of this part is to indicate the basic content of these programs in terms of extent, scope and quality of services and includes legal, fiscal and administrative information regarding the program. This approach will indicate the range of each program in terms of actual or potential services available to the developmentally disabled through these generic service programs. It must be emphasized, however, that the applicability and availability of such services for the developmentally disabled depends in large measure on the manner in which the program has been defined and implemented in each State. Part C may be considered as a basic "roadmap" from which States may initiate their own Federal/State plan review.

The basic method for presenting the Federal side follows according to the guidelines shown in Part B, and therefore selects only those program elements of quality, extent and scope applicable to the Federal side. The format follows each data item found in the Summary Review Forms 1-4.

It will be noted that some programs have quite specific "scope of service" content while others are extremely broad. Programs which permit States to engage in a broad service mandate do not always specify services in terms of a tightly defined definition of service content. This type of broad service mandate points up the necessity for States to analyze in detail the actual service arrangements and State policy choices which are found in the State plans and related agency agreements.

Whenever possible, actual regulations describing service quality, extent and scope are quoted as part of the review. However, due to the length and complexity of regulatory and legal language, it is most advisable to review in total the original law and regulations cited in these State plan reviews.

All fiscal authorization data was obtained from Federal legislation and includes U.S. Code citations. All fiscal obligation data was obtained from the *Catalog of Federal Domestic Assistance, 1972,* unless otherwise noted. The sources of appropriations, where included, are similarly noted. Certain sections contain significant fiscal information of related programs or parts of programs (such as special projects) not required to prepare a State plan.

Social Services — Families and Children

PURPOSE

Social services for families and children are provided for the purpose of preserving, rehabilitating, reuniting and strengthening the family in order to assist members of the family to attain or retain capability for the maximum self-support and personal independence.

EXTENT

Eligibility is established for all family members (and persons essential to care) who are current recipients of the AFDC public assistance program in the State. The developmentally disabled are included to the extent that they are public assistance recipients.

States may provide optional coverage for families and children who are current applicants for AFDC, who are former recipients of AFDC, who are likely within five years to become recipients or who currently qualify for the State's medical assistance program. Other optional groups would include those who are at or near the dependency level and any other reasonable classification of families and children with common problems or common service needs.

SCOPE

Direct mandatory services include CHILD CARE SERVICES both in and out of the home, HOMEMAKER SERVICES, DAY CARE for WIN participants, FOSTER CARE and placement, PREVENTION OF BIRTHS OUT OF WEDLOCK, FAMILY PLANNING SERVICES and OTHER NEEDS OF FAMILIES to include homemaking, money management and consumer education, PROTECTIVE SERVICES, HEALTH SERVICES, including preventive and remedial services.

Mandatory services under the Medicare (medical assistance) program are also provided to current recipients of AFDC.

Optional services include CHILD CARE SERVICES for families other than WIN participants, including DAY CARE, EMERGENCY ASSISTANCE including services for immigrants, EDUCATIONAL and TRAINING SERVICES not included under the WIN program, and LEGAL SERVICES.

SUMMARY REVIEW FORM #1

PUBLIC ASSISTANCE FAMILIES AND CHILDREN SOCIAL SERVICES – TITLE IV-A

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"SERVICE PROGRAMS FOR FAMILIES AND CHILDREN"	SOCIAL SECURITY ACT of 1935, as amended TITLE IV-A PL 90-248 PL 92-512*	*FEDERAL REGISTER* Vol. 34 No. 18 Part II Date: 1/28/69	Department of Health, Education and Welfare Social and Rehabilitation Services

**See Addendum for important legislative action of the 92nd Congress.*
Reference: *Catalog of Federal Domestic Assistance 1972*
Program Number 13.754

Public Assistance Families and Children Social Services – Title IV-A – Continued

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
Authorization is made for the appropriations necessary to fulfill federal obligations. 29 USC 32 and 41	Estimated obligation FY 1972: 838.2 M Includes Adult and Families and Children Social Services	This program is "open-ended" and does not require a specific formula grant allotment to the State. Federal financial participation is available to the State as is found necessary for the proper and efficient administration of the plan, for the costs of providing the services for needy families and children, and in carrying out the activities specified in "Scope" and "Quality" sections.

Public Assistance Families and Children Social Services—Title IV-A — Continued

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY			
Federal/State Percentage Share for Program			Methods for Distribution of Funds
Federal	State		
75%	25%	In order to be eligible for the 75 percent - 25 percent participation the State must commit itself to progress in the extension and improvement of services and to meet the requirements of organization and administration as specified in the regulations. This part deals with personnel standards and procedural standards noted under the Quality of Services Section. The most important requirement is the separation of service functions from eligibility functions, as performed by the State staff. See notation under Quality, Personnel Standards, "Full-time staff for Services." The State must comply with all conditions in the regulations dealing with State plan requirements. This rate includes salaries and travel costs of service workers giving full time to services and for staff engaged in planning, developing and evaluating services and for training and staff development.	Services are offered to all those eligible under the State plans for TITLE IV-A by the State administering agency either directly or by purchase of service.
50%	50%	Federal participation at the 50 percent - 50 percent rate is applicable for costs of staff carrying responsibility for both service functions and eligibility functions and supervisory functions relating to such costs. This includes salaries and travel of staff primarily engaged in developing eligibility provisions and the determination process (either at the State or local agency level), and other expenses of administration of services not specified at the 75 percent level.	
75%	25%	All expenses related to emergency services and training and staff development.	

PUBLIC ASSISTANCE FAMILIES AND CHILDREN SOCIAL SERVICES – TITLE IV-A

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
SERVICE PLAN A service plan must be developed and maintained on a continuous basis for each family and child who requires service to maintain and strengthen family life, foster child development and achieve permanent and adequately compensated employment.	**RANGE OF OPTIONAL SERVICES** The full range of or selected family services may be included as optional services. The Social Security Act defines the full range of family services in AFDC as follows "... services to a family or any member thereof for the purpose of preserving, rehabilitating, reuniting or strengthening the family, and such other services as will assist members of a family to attain or retain capability for the maximum self-support and personal independence."
EMPLOYMENT OBJECTIVES Services must be provided to assist all appropriate persons to achieve employment and self sufficiency. These services will identify individuals with potentials for employment or training, referral to places of training or employment, include specialized assessments of limitations that prevent involvement in employment and training, insure that training or employment will lead to stability and realize the individual's job potential, provision of services necessary to deal with personal and family barriers which may limit achievement of the objectives; utilization of public and voluntary agencies in the fields of vocational rehabilitation, health, vocational education, including special attention to the capabilities of rehabilitation centers and workshops.	Following are types of selected services:
CHILD CARE SERVICES Child care services including in-home and out-of-home services, must be available or provided to *all persons* referred to and enrolled in the Work Incentive Program and to other persons for whom the agency has required training or employment. All child care services must meet the following standards: **In-home care.** – Homemaker service under agency auspices must meet the standards established by the State agency which must be reasonably in accord with the recommended standards of related national standard setting organizations, such as the Child Welfare League of America and the National Council for Homemaker Services. to provide adequate care; hours of care; maximum number of children to be cared for; feeding and health care of the children.	**CHILD CARE SERVICES** Child care services, as described under "Mandatory Services" may be made available to families other than those participating in the WIN program. These services include day care services (see below). **DAY CARE SERVICES** Day care services in the State plan must indicate compliance with the following: Cooperative arrangements with State health and education agencies to assure maximum utilization of such agencies in the provision of health and education services for children in day care. A reasonable and objective method for determining the priorities of need, as a basis for giving priority, in determining the existence of need for day care, to members of low-income or other groups in the population and to geographical areas which have the greatest relative need for the extension of day care. Specific criteria for determining the need of each child for care and protection through day care services.

Public Assistance Families and Children Social Services—Title IV-A — Continued

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
Out-of-home care. — Day care facilities, used for the care of children, must be licensed by the State or approved as meeting the standards for such licensing and day care facilities and services must comply with the standards of the Federal Interagency Day Care Requirements. (See Optional Services for detail). **FOSTER CARE SERVICES** Services must be provided for children receiving aid in the form of foster care under title IV—Part A, to: Assure placement appropriate to the needs of each child; Assure that the child receives proper care in such placement; Determine continued appropriateness of and need for placement through periodic reviews, at least annually; Improve the conditions in the home from which the child was removed so that the child may be returned to his own home, or otherwise plan for the placement of the child in the home of other relatives, adoptive home or continued foster care, as appropriate; Work with other public agencies that have responsibility for the placement and care of any such children to assure that these agencies carry out their responsibilities in accordance with their agreement with the State agency administering or supervising the administration of AFDC. **PREVENTION OR REDUCTION OF BIRTHS OUT-OF-WEDLOCK** There must be a program to prevent or reduce the incidence of births out-of-wedlock and to otherwise strengthen family life. **FAMILY PLANNING SERVICES** Family planning services must be offered and provided to those individuals wishing such services. Acceptance of the services must be voluntary on the part of the individual and may not be a prerequisite or impediment to eligibility for the receipt of any other service or aid under the plan. Medical services must be provided in accordance with	Determination that day care is in the best interests of the child and the family. Provision for determining, on an objective basis, the ability of families to pay for part or all of the cost of day care and for payment of reasonable fees by families able to pay. Provision for the development and implementation of arrangements for the more effective involvement of the parent or parents in the appropriate care of the child and the improvement of his health and development. Provision of day care only in facilities (including private homes) which are licensed by the State or approved as meeting the standards for such licensing. **EMERGENCY ASSISTANCE SERVICES** Emergency assistance in the form of services to needy families with children, including migrants, may be provided. Such services must be planned and staffed so as to assure immediate accessibility and prompt response. **EDUCATIONAL AND TRAINING SERVICES** Educational and training services may be included where the Work Incentive Program has not been initiated in a local jurisdiction or is inadequate in scope or size to meet the needs of recipients or where services are not available to recipients. Full use must be made of services available through the Employment Service. **LEGAL SERVICES** Legal services may be included for families desiring the help of lawyers with their legal problems.

Public Assistance Families and Children Social Services—Title IV-A — Continued

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed By Law/Regulations
the standards of other State programs providing medical services for family planning (e.g., maternal and child health services). **SERVICES TO MEET PARTICULAR NEEDS OF FAMILIES AND CHILDREN** Services must be provided to families and children as follows: Assist children to obtain education in accordance with their capacities. Improve family living through assisting parents to overcome homemaking and housing problems. Assist in reuniting families. Assist parents in money management, including consumer education. Assist parent in child rearing. Offer education for family living. Evaluate the need for, and in appropriate cases provide for, protective and vendor payments and related services. **PROTECTIVE SERVICES AND COOPERATION WITH COURTS** Protective services must be provided to children receiving aid who are found to be in danger of or subject to neglect, abuse or exploitation. **SERVICES RELATED TO HEALTH NEEDS** Services must be provided to families and children with health needs through identifying needs for preventive and remedial medical services; locating organizations or individuals who are willing to provide quality services on a dignified basis and helping to solve any problems which may prevent them from obtaining needed medical services and from making optimum use of the services available. **WORK INCENTIVE PROGRAM** Operated by the designated Manpower Agency and mandates each appropriate individual sixteen and over receiving AFDC (or in same household) must be referred to WIN training by the administering agency.	

PUBLIC ASSISTANCE FAMILIES AND CHILDREN SOCIAL SERVICES – TITLE IV-A

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	There must be staff development on a continuing and progressive basis for all staff responsibility for the development and provision of services. Such staff development shall include orientation, in-service training, and educational leave.
	There must be adequate numbers and suitable qualifications for personnel drawn from social work and other appropriate disciplines to plan, develop, and supervise services and, when applicable to provide specialized services to families and children; and there must be an adequate system of career development and progression for such individuals.
	The functions of arranging or providing services to individuals should, to the maximum extent feasible, be performed by persons other than those who determine eligibility for financial and medical assistance and provide financial assistance.
	There must be adequate numbers of full-time staff assigned to service functions at all levels of agency operations and, to this end, there must be progress toward the objectives of relieving all staff of nonservice functions. (This does not exclude service at intake, i.e., providing information, screening, and referral within the agency and community for all families and children seeking agency help; and determining need for specific services.)
	Provision must be made for the training and effective use of subprofessional staff in the programs of services to families and children, including part-time or full-time employment of recipients and other persons of low income.
	Provision must be made for the training and effective use of nonpaid or partially paid volunteers representing various age groups, specifically including senior citizens and young persons, in the service programs for families and children, and assisting related advisory committees.
Procedural Standards	Reports and evaluations must be furnished to the Secretary as he may specify, showing scope, results, and costs of services for families and children.
	In administering the program there must be a state level position (or positions) with authority and responsibility for the direction and development of the services to families and children program, and the use of State staff to supervise local agency performance in developing, maintaining, improving, and extending services, to assure proper program implementation.
	The State agency must have methods of assuring that local agencies are meeting the plan requirements, and where services are purchased, of monitoring local agencies and service contractors to insure that the plan requirements are being met, and funds are being appropriately and effectively used.

Public Assistance Families and Children Social Services—Title IV-A — Continued

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
	There must be provision for a fair hearing under which applicants and recipients may appeal denial of or exclusion from a service program, failure to take account of recipient choice of a service or a determination that the individual must participate in the service program. Provisions governing fair hearings in relation to financial and medical assistance shall apply. The results of appeals pertaining to services must be formally recorded and made available to the State advisory committee on services and all applicants and recipients must be advised of their right to appeal and the procedures for such appeal.
	There must be a system through which recipients may present grievances about the operation of the service program, and a system for appeals and grievances and the methods for informing recipients of their right to appeal.
	There must be progress in achieving organizational patterns and simplified administrative procedures that assure effective delivery and utilization of services.
	The State plan must also provide for continued assessment and necessary adaptions to achieve this requirements.
Operating Goals and Objectives	The goal of the program is to provide social services to all eligible individuals in order to maintain and strengthen family life.
	All of the services contained in the State plan must be available, accessible, and provided with reasonable promptness to all eligible persons needing the services.
	Each applicant and recipient must be informed of the services available from the agency and extended an opportunity to express his need and to request services.
	Eligible individuals must be free to determine whether to accept or reject service from the agency.
Other Standards	An advisory committee on Aid to Families with Dependent Children must be established at the State level and at the local levels where the programs are locally administered, except that in local jurisdictions with small caseloads alternate procedures for securing similar participation may be established. The advisory committee will:

Public Assistance Families and Children Social Services—Title IV-A — Continued

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
	Advise the principal policy setting and administrative officials of the agency and have adequate opportunity for meaningful participation in policy development and program administration, including the furtherance of recipient participation in the program of the agency.
	Include representatives of other State agencies concerned with services, representatives of professional, civic or other public or private organizations, private citizens interested and experienced in service programs, and recipients of assistance or services or their representatives who shall constitute at least one-third of the membership.
	An advisory committee on day care services must be established at the State level, either as a separate committee, or all or part of the advisory committee on AFDC and Child Welfare Services programs may be assigned this function. In either event, the committee must have at least one-third of its membership drawn from recipients or their representatives; and include representatives of agencies and groups concerned with day care or related services.
	There must be maximum utilization of and coordination with other public and voluntary agencies, including with respect to the latter their experience as well as their facilities, providing services similar or related to the services provided under the plan, where such services are available without additional cost.
	Consideration must be given to the appropriate use of other public and voluntary agencies as sources for the purchase of care and services and such use must be based on a determination that required program standards will be met, and a comparison of the effectiveness with which the services are likely to be rendered and the anticipated costs thereof.

PUBLIC ASSISTANCE FAMILIES AND CHILDREN SOCIAL SERVICES – TITLE IV-A

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to extent of service
Age	Children - under 18 or under 21 if attending school.
Level of Function	No restriction
Geographic Area Served	No restriction
Economic Status	Must meet financial need criteria.
Other	Eligibility for social services for families and children is established for families and children who are current recipients of financial assistance under the public assistance program – Aid to Families with Dependent Children. **Coverage of optional groups for services:** The agency may elect to provide services to all or to reasonably classified subgroups of the following– Families and children who are current applicants for financial assistance. Families and children who are former applicants or recipients of financial assistance. Families and children who are likely to become applicants for or recipients of financial assistance, i.e., those who: Are eligible for medical assistance, as medically needy persons, under the State's title XIX plan. Would be eligible for financial assistance if the earnings exemption granted to recipients applied to them. Are likely, within 5 years, to become recipients of financial assistance. Are at or near dependency level, including those in low-income neighborhoods and among other groups that might otherwise include more AFDC cases, where services are provided on a group basis. All other families and children for information and referral service only. All families and children in the above groups, or a selected reasonable classification of families and children with common problems or common service needs, may be included.

Social Services — Adults

PURPOSE

The purpose of the adult social service programs is to provide services to needy aged, blind and disabled individuals to assist the individual to attain or retain self-support and self care.

EXTENT

Eligibility is established for all aged, blind or permanently and totally disabled persons who are applying for or receiving financial assistance under the State's public assistance programs for Aid to the Aged, Aid to the Blind, and Aid to the Permanently and Totally Disabled. The developmentally disabled are included to the extent that they are recipier.ts of or applying for public assistance through these categorical aid programs.

Eligibility may be established by individual States through provision of services to optional groups for coverage. These groups may include former applicants for or recipients of financial assistance, individuals who are likely to become financial assistance recipients within 5 years or who qualify for medical assistance under the State medical assistance plan, groups who are at or near the dependency level, and any other reasonable classification of such persons with common problems or common service needs.

SCOPE

Mandatory services available to eligible individuals under the adult social services program include INFORMATION and REFERRAL SERVICES, PROTECTIVE SERVICES to include medical and legal services incidental to the service plan and arrangements for guardianship, commitment or other protective placement, SERVICES TO ENABLE PERSONS TO REMAIN IN OR RETURN TO THEIR HOMES OR COMMUNITIES, to include assistance in locating independent living arrangements, HEALTH SERVICES such as assistance in securing medical assistance services and direct services in emergency situations, SELF-SUPPORT SERVICES FOR THE HANDICAPPED, providing for referral and entry into rehabilitation settings and COMMUNITY PLANNING. By April 1, 1974, other mandatory services must include HOMEMAKER SERVICES and SPECIAL SERVICES FOR THE BLIND.

States may elect to provide a number of optional services, such as services to individuals to improve their daily living activities and living arrangements to include HOUSING IMPROVEMENT AND ASSISTANCE with respect to landlord tenant arrangements and assistance in upgrading his housing, ADULT FOSTER CARE, especially in placement, DAY CARE in a protective setting, CHORE SERVICES and help in the home, EDUCATION SERVICES related to consumer protection and money management, COMMUNITY PARTICIPATION, SOCIAL GROUP SERVICES and the use of CONSULTANT SERVICES to include attention to needs concerned with social, legal, medical, nutritional and employment problems of individuals.

PUBLIC ASSISTANCE ADULT SOCIAL SERVICES – TITLES I, X, XIV, XVI

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"SERVICE PROGRAMS FOR AGED, BLIND OR DISABLED PERSONS"	SOCIAL SECURITY ACT OF 1935, as amended	*Federal Register* Vol. 35 No. 220 Part II Date: 11/26/70	Department of Health, Education and Welfare Social and Rehabilitation Service
Social Services for Old Age Assistance (OAA)	TITLE I PL 87-543		
Social Services for the Blind (AB)	TITLE X PL 87-543		
Social Services for the Permanently and Totally Disabled (APTD)	TITLE XIV PL 87-543		
Social Services for the Aged, Blind and Permanently and Totally Disabled (APTD)	TITLE XVI PL 87-543 PL 92-512*		

**See Addendum for important legislative action of the 92nd Congress.*
Reference: *Catalog of Federal Domestic Assistance 1972*
Program Number 13.754

Public Assistance Adult Social Services—Titles I, X, XIV, XVI — Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
Authorization is made for the necessary appropriations to fulfill Federal obligations. Cit: 29 USC 32 and 41	Estimated obligation FY 1972: 838.2 M includes Adult and Families and Children Social Services.	This program is "open-ended," and does not require a specific formula grant allotment to the State. Federal financial participation is available to the State as is found necessary for the proper and efficient administration of the plan, for the costs of providing the services for eligible aged, blind or disabled, and in carrying out the activities specified in "Scope" and "Quality" section.

Public Assistance Adult Social Services—Titles I, X, XIV, XVI — Continued

Federal/State Percentage Share for Program			Methods for Distribution of Funds
Federal	State		
75%	25%	In order to be eligible for the 75 percent - 25 percent participation the State must commit itself to progress in the extension and improvement of services and to meet the requirements of organization and administration as specified in the regulations. This part deals with personnel standards and procedural standards noted under the Quality of Services Section. The most important requirement is the separation of service functions from eligibility functions, as performed by the State staff. See notation under Quality, Personnel Standards, "Full-time staff for services." The State must comply with all conditions in the regulations dealing with State plan requirements. This rate includes salaries and travel costs of service workers giving full time to services and for staff engaged in planning, developing and evaluating services, and for training and staff development.	Services are offered to all those eligible under the State plans for Title I, X, and XIV or XVI by the State administering agency either directly or by purchase of service. Based on each individual's special circumstances and requirements, these services assist the individual to attain or retain capacity for self-support and self-care.
50%	50%	Federal participation at the 50 percent - 50 percent rate is applicable for costs of staff carrying responsibility for both service functions and eligibility functions and supervisory functions relating to such costs. This includes salaries and travel of staff primarily engaged in developing eligibility provisions and the determination process (either at the State or local agency level), and other expenses of administration of services not specified at the 75 percent level.	

PUBLIC ASSISTANCE ADULT SOCIAL SERVICES – TITLES I, X, XIV, XVI

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations

The State plan must provide for the required services to be made available to all persons eligible under the State plan.

INFORMATION AND REFERRAL SERVICES

Such services must be available, without regard to eligibility for assistance or other service, to any aged, blind, or disabled person seeking information or advice with respect to his needs which can properly be met by the provision of direct information or referral to appropriate community resources.

PROTECTIVE SERVICES

Protective services means a system of services (including medical and legal services which are incidental to the service plan) which are utilized to assist seriously impaired eligible individuals who, because of mental or physical dysfunction, are unable to manage their own resources, carry out the activities of daily living, or protect themselves from neglect or hazardous situations without assistance from others and have no one available who is willing and able to assist them responsibly.

Services must include, but are not limited to:

Arranging for medical (including psychiatric) services to evaluate, and whenever possible safeguard and improve the circumstances of those with serious impairments.

Arrangements for guardianship, commitment, or other protective placement when necessary by the agency directly or through referral to another appropriate agency.

Provision of services to assist individuals to move from situations which are, or are likely to become hazardous to their health and well-being.

Cooperating and planning with the courts as necessary on behalf of individuals with serious mental impairments.

Optional Service Provisions Prescribed by Law/Regulations

A State may elect to include in its State plan under Title I, X, XIV or XVI of the Social Security Act provision for optional services.

SERVICES TO INDIVIDUALS TO IMPROVE THEIR LIVING ARRANGEMENTS AND ENHANCE ACTIVITIES OF DAILY LIVING

Services may include any or all of the following individual service items: Housing improvement and assistance services; services to adults in foster care; day care; chore services, home delivered meals; companionship services; education services related to consumer protection and money management; and homemaker services.

HOUSING IMPROVEMENT AND ASSISTANCE SERVICES

Housing improvement and assistance services means services, in cooperation with the applicant or recipient, landlord, and others to assist in the upgrading of substandard rental housing in which the applicant or recipient resides; to obtain repairs to his own home is substandard or unsuitable; or to find other housing in the community suitable and adequate to his needs at prices which he can afford to pay; and to help to increase the supply and availability of safe and suitable housing for applicants or recipients who have housing problems through cooperative community planning activities with appropriate individuals and groups in the community.

SERVICES TO ADULTS IN FOSTER CARE

Services to adults in foster care mean services to eligible persons to assure placement in settings approved by the appropriate State and/or local authority and suitable to the needs of each individual; assure that the person receives proper care in such placement; and to determine continued appropriateness of and need for placement through periodic reviews, at least annually.

DAY CARE SERVICES

Day care services means services provided during the day to eligible persons in a protective setting approved by the State agency for purposes of personal care and to promote their social, health and

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
SERVICES TO ENABLE PERSONS TO REMAIN IN OR TO RETURN TO THEIR HOMES OR COMMUNITIES Services must include, but are not limited to: Assistance in locating suitable independent living arrangements or arrangements for placement in foster family or protected care settings. Enlisting the help of interested relatives, friends, and other resources to assist the person to remain in or to return to the community and to maintain himself in the selected environments. Assisting the individual to carry out necessary medical, health, and health maintenance plans. Assistance in securing any additional special arrangements or supportive services that will contribute to a satisfactory and adequate social adjustment of the individual. **SERVICES TO MEET HEALTH NEEDS** Services to meet health needs mean services provided for the purpose of assisting eligible persons to attain and retain as favorable a condition of health as possible by helping them to identify and understand their health needs and to secure and utilize necessary medical treatment as well as preventive and health maintenance services including services in medical emergencies. Services must include, but are not limited to: Assistance in securing necessary diagnostic, preventive, remedial, ameliorative, and other health services (including prosthetic, orthotic, and assistive aids) available under Medicare, Medicaid or other agency health services or providers of health services. Assistance in making arrangements for transportation to and from health resources. Planning with the individual relatives, or other appropriate persons,	emotional well-being through opportunities for companionship, self-education and other satisfying leisure time activities. **CHORE SERVICES** Chore Services means services in performing light work, or household tasks, which eligible persons are unable to do for themselves because of frailty or other conditions and which do not require the services of a trained homemaker or other specialist. Chore services may include such activities as: help in shopping, lawn care, simple household repairs, running errands, etc. **HOME DELIVERED MEALS** Home delivered meals means service which consists of preparing and delivering one or more hot meals daily to the homes of eligible persons who are unable to obtain or prepare nourishing meals. **EDUCATION SERVICES RELATED TO CONSUMER PROTECTION AND MONEY MANAGEMENT** Education services related to consumer protection and money management mean services that help eligible persons learn how to manage household budgets effectively and to use sound consumer practices. **HOMEMAKER SERVICES** (see definition under Mandatory Services) **SERVICES TO INDIVIDUALS AND GROUPS TO IMPROVE OPPORTUNITIES FOR SOCIAL AND COMMUNITY PARTICIPATION** Services may include any or all of the following individual service items: Assistance in obtaining recreational and educational services; opportunities to participate in volunteer and paid service roles with various community agencies and organizations; provision of social group services in agency or other settings, e.g., neighborhood centers, multipurpose senior centers. Social group services mean use of group methods to provide eligible persons with opportunities for group experiences. Such experiences can help individuals to cope with personal problems, develop capaci-

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
to assist the individual in carrying out medical recommendations. Maintaining necessary liaison with the physician, nurse, institution, or other provider of health services to assure the provision of social services necessary to carry out medical recommendations. In medical emergencies, obtaining services of a physician; arranging care of dependents and other social services required as a result of the individual's medical emergency. Providing, as necessary, the services of escorts and bilingual interpreters, who, whenever possible, shall be subprofessional staff who are residents of neighborhoods in which the persons reside. **SELF-SUPPORT SERVICES FOR THE HANDICAPPED** Such services must include, but are not limited to: Exploring interests and potentials for self-support in whole or in part. Individual counseling, necessary to deal with family barriers which prevent or limit individuals in their use of training and employment opportunities. Providing for referral to and use of public and voluntary agencies in the fields of vocational rehabilitation, health, education, and employment, including special attention to the capabilities of rehabilitation centers and sheltered workshops, community action agencies, neighborhood centers, and similar organizations. **HOMEMAKER SERVICES** By April 1, 1974, State plans must provide for homemaker services which must: Include home management, home maintenance, and personal care services for adults who are determined by the agency to need this service. Be in accord with the recommended standards of related national	ties for more adequate social and personal functioning, relieve social isolation, develop friendships and mutual aid, and increase understanding between the group and the agency. **SERVICES TO INDIVIDUALS TO MEET SPECIAL NEEDS** Services may include any or all of the following individual service items: Legal services for persons desiring the help of lawyers with their legal problems (see separate policies governing the provision of such services); family planning, services for such groups as alcoholics, drug addicts, and mentally retarded individuals; special services to the blind, deaf, and other disabled individuals. **SPECIAL GROUP SERVICES** (See definition above) **SPECIAL SERVICES TO THE BLIND** (See definition under Mandatory Services) **OTHER SERVICES** A State may submit other optional services for consideration and approval by the Department of Health, Education and Welfare. **CONSULTANT SERVICES** A State may use those services which consist of advice and consultation provided by persons who are expert in such matters as medical (including psychiatric), social, legal, educational, psychological, nutritional, and employment problems of individuals, for the purposes of assisting agency staff, as necessary, in diagnosing and developing service plans to meet individual applicant or recipient needs and in the development and evaluation of agency service programs.

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law Regulations	Optional Service Provisions Prescribed by Law/Regulations

standard setting organizations such as the National Council for Homemaker Service.

Homemaker services means home management and maintenance services, and personal care services, provided to maintain, strengthen and safeguard the functioning of eligible persons in their own homes where no responsible person is available for this purpose.

SPECIAL SERVICES FOR THE BLIND

By April 1, 1974, State plans must provide for special services for the blind.

Special services for the blind means services related to age, presence of other disabilities and amount of residual vision. Such services may include assistance in securing mobility training, personal care, home management and communication skills; also arrangements for talking book machines and obtaining special aids and appliances to solve or reduce problems arising from blindness as well as help in securing safety items, particularly those necessary to assure safe housing and prevent accidents. Arrangements for educational counseling to assure appropriate classroom placement and when timely, guidance from a school and/or rehabilitation program to prepare for a vocation essential for the young blind to reach their full potential. Additionally, services may include referral of parents of blind children to agencies with special counseling competence in this field.

COMMUNITY PLANNING

There must be provision for community planning by the staff of the agency at the State and local levels, with authority and responsibility assigned to assure development and utilization of community services and resources to meet the needs of low-income groups. Community planning means activities of the staff of the agency, at the State and local levels, in providing leadership in the planning, development, extension, and improvement of the broad range of services, facilities, and opportunities required to prevent dependency for low income adults and to meet the current and anticipated service needs of all

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law Regulations	Optional Service Provisions Prescribed by Law/Regulations
aged, blind, or disabled applicants and recipients. Staff activities include work with other agencies, organizations and interested citizens' groups, including State and local commissions on aging and the blind. In stimulating community support and action on behalf of all the aged, blind, or disabled so that in developing and extending community services to the total group, applicants and recipients will also benefit.	

PUBLIC ASSISTANCE ADULT SOCIAL SERVICES – TITLES I, X, XIV, XVI

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	There must be staff development on a continuing and progressive basis for all staff responsible for the development and provision of services. Such staff development shall include orientation, in-service training, and educational leave.
	There must be adequate numbers and suitable qualifications for personnel drawn from appropriate disciplines, e.g., social work, rehabilitation counseling, home economics, to plan, develop, and supervise services and, when applicable, to provide specialized services to aged, blind, or disabled persons; and there must be an adequate system of career development and progression for such individuals.
	The functions of arranging or providing services to individuals should, to the maximum extent feasible, be performed by persons other than those who determine eligibility for financial and medical assistance and provide financial assistance.
	There must be adequate numbers of full-time staff assigned to service functions at all levels of agency operations and, to this end, there must be progress toward the objectives of relieving all staff of non-service functions. (This does not include service at intake, i.e., providing information, screening, and referral within the agency and community for all aged, blind, or disabled persons seeking agency help; and determining need for specific services.)
	Provision must be made for bilingual staff of interpreters when there are substantial numbers of non-English-speaking applicants and recipients.
Procedural Standards	Such reports and evaluations must be furnished to the Secretary as he may specify, showing scope, results, and costs of services for aged, blind or disabled persons.
	In administering the program there must be a State level position (or positions) with authority and responsibility for the direction and development of the adult services program, and the use of State staff to supervise local agency performance in developing, maintaining, improving, and extending services, to assure proper program implementation.
	There must be assessment of the individual's service needs and implementation of individual service plans in all cases where it is agreed between the agency and the applicant, or the person applying on his behalf, for service that service is needed. Each plan must be reviewed as often as necessary but at least annually, to assure that it is practically related to the individual's needs and is being effectively implemented. Each service plan and the services provided must be recorded.
	There must be provision under the agency's established fair hearings procedures for a fair hearing under which applicants and recipients may appeal denial of or exclusion from a service program or failure to take account of recipient choice of a service. Provisions governing fair hearings in relation to financial and medical assistance shall apply. The

Public Assistance Adult Social Services—Titles I, X, XIV, XVI — Continued

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
	results of appeals pertaining to services must be formally recorded and made available to the State advisory committee on services and all applicants and recipients must be advised of their right to appeal and the procedures for such appeal.
	There must be a system through which recipients may present grievances about the operation of the service program.
	There must be progress in achieving organizational patterns and simplified administrative procedures that assure effective delivery and utilization of services.
	The State plan must also provide for continued assessment and necessary adaptions to achieve this requirement.
Operating Goals and Objectives	The goal of the program is to provide social services to all eligible individuals.
	All of the services contained in the State plan must be available, accessible, and provided with reasonable promptness to all eligible persons needing the services.
	Each applicant and recipient must be informed of the services available from the agency and extended an opportunity to express his need and to request services.
	Eligible individuals must be free to determine whether to accept or reject service from the agency.
Other Standards	If the State plan under Title I and XVI provides for assistance payments to aged individuals in mental hospitals, the plan must provide for services to such recipients when leaving such hospitals.
	An advisory committee on aged, blind, and disabled must be established at the State level and at the local levels where the programs are locally administered, except that in local jurisdictions with small caseloads alternative procedures for securing similar participation may be established.
	The advisory committee, which may be combined with AFDC-CWS advisory committee will:
	Advise the principal policy setting and administrative officials of the agency and have adequate opportunity for meaningful participation in policy development and program administration, including the furtherance of recipient participation in the program of the agency.
	Include representatives of other State agencies concerned with services, representatives of professional, civic or other public or private organizations, private citizens interested and experienced in service programs, and recipients of assistance or services or their representatives who shall constitute at least one-third of the membership.

Public Assistance Adult Social Services—Titles I, X, XIV, XVI – Continued

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
	There must be maximum utilization of and coordination with other public and voluntary agencies, including with respect to the latter their experience as well as their facilities, providing services similar or related to the services provided under the plan, where such services are available without additional cost.
	Consideration must be given to the appropriate use of other public and voluntary agencies as sources for the purchase of care and services and such use must be based on a determination that required program standards will be met, and a comparison of the effectiveness with which the services are likely to be rendered and the anticipated costs thereof.

PUBLIC ASSISTANCE ADULT SOCIAL SERVICES – TITLES I, X, XIV, XVI

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	OAA – may not impose age restriction over 65 years Blind – no restriction Disabled – 18 and over, unless optional coverage group includes "likely to become recipient of financial assistance within 5 years – in this case, age 13 and over.
Level of Function	No restriction
Geographic Area Served	No restriction
Economic Status	Must meet financial need criteria. (See below for options)
Other	**"Basic Eligibility"** Eligibility for social services is established for any aged, blind or disabled person applying for or receiving financial assistance under the public assistance programs, Titles I, X, XIV or XVI. **"Coverage of Optional Group"** Services may be available to certain optional groups: Aged, blind or disabled persons who are former applicants for or recipients of financial assistance who request services or on whose behalf services are requested; Aged, blind or disabled persons who request services or on whose behalf services are requested and who are likely to become applicants for or recipients of financial assistance, i.e., those who: Are not money payment recipients but are eligible for medical assistance under the State's Title XIX plan; Are likely, within 5 years, to become recipients of financial assistance; Are at or near dependency level, including those low income neighborhoods and among other groups that might be expected to include more aged, blind or disabled cases than other low income groups where services are provided on a group basis; All aged, blind or disabled persons in the above groups or a selected reasonable classification of such persons with common problems or common service needs.

Medical Assistance

PURPOSE

This program, commonly known as Medicaid, establishes a unified medical assistance program which covers anyone receiving federally aided money payments under any one of the categorical public assistance programs.

EXTENT

Eligibility for medical assistance is established automatically for any individual who is receiving financial assistance under any one of the State's public assistance programs, or who would be eligible for public assistance under the State's standards for financial eligibility for such programs.

States *may* elect to include the *medically needy* as a group for coverage in addition to the mandated *categorically needy* above. The medically needy include individuals whose income exceeds limits established under State public assistance programs, but is insufficient to meet costs for necessary medical and remedial care. Each State determines these financial limits for eligibility and medical need.

States may also elect to include certain "optional groups" for coverage. Basically, these groups are former recipients of financial assistance and those who are likely to become recipients of financial assistance.

The developmentally disabled are covered to the extent that they are categorically needy or financially needy.

SCOPE

Medicare services for the categorically needy must include the following services: INPATIENT HOSPITAL SERVICES, OUTPATIENT HOSPITAL SERVICES, LABORATORY and X-RAY SERVICES, SKILLED NURSING HOME SERVICES for individuals over 21 years of age, AND PHYSICIANS' SERVICES' whether furnished in the office, the patient's home, a hospital, a skilled nursing home or elsewhere, HOME HEALTH SERVICES, and EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT OF INDIVIDUALS UNDER 21 YEARS OF AGE.

Optional services to be provided to the categorically needy or medically needy include: MEDICAL CARE and REMEDIAL CARE, HOME HEALTH SERVICES, PRIVATE DUTY NURSING SERVICES, CLINIC SERVICES, DENTAL SERVICES, PHYSICAL THERAPY and related services, DRUGS, DENTURES and PROSTHETIC DEVICES, INPATIENT HOSPITAL SERVICES and SKILLED NURSING HOME SERVICES for individuals 65 or over in institutions for tuberculosis or mental diseases, OTHER MEDICAL CARE, and INTERMEDIATE CARE FACILITIES SERVICES. Intermediate care facility services are the only one which the mentally retarded may be eligible to receive under this program if the individual is residing in an institution for mental retardation.

MEDICAL ASSISTANCE, TITLE XIX

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Aministering Federal Agency
"MEDICAL ASSISTANCE" (as it relates to Title I, IV-A, X, XIV and XVI of the Social Security Act)	TITLE XIX, SOCIAL SECURITY ACT of 1935, as amended. PL 89-97 PL 90-248 PL 91-56 PL 92-223 PL 92-603*	*Federal Register* Vol. 34, 35, 36 No. 120, 41, 83, 32 Dates: 6/24/69 2/28/70 4/29/70 2/17/71	Department of Health, Education and Welfare Social and Rehabilitation Service

**See Addemdum for important legislative action of the 92nd Congress.*
Reference: *Catalog of Federal Domestic Assistance 1972*
Program Number 13.714

Medical Assistance, Title XIX – Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
Authorization is made for the appropriations necessary to fulfill the federal obligations. Cit: 42 USC 1396, et seq	Estimated appropriations for FY 1972: 4,065 M* Estimated obligations for FY 1972: 4,130 M*	Medical Assistance payments to States dependent on amount of expenditure by State, reimbursement to State on quarterly basis per estimate of expenditures. Allotment dependent upon total amount of State expenditure and the formula for reimbursement. (See "Federal/State Percentage Share for Program").

*Regional RSA office

Medical Assistance, Title XIX – Continued

Federal/State Percentage Share for Program			Methods for Distribution of Funds
Federal	State		
83% (max.) to 50%	17% (min.) to 50%	Payments to States for Medical Assistance program. Based on State per capita income. (See Title XIX, sec. 1905(b))	Cash payments are made by the State administering agency on behalf of the individual to the providers of service (vendor payments).
75%	25%	Compensation and training of skilled professional medical personnel directly supporting personnel of state agency.	
50%	50%	Remainder of amounts expended necessary for administration.	

MEDICAL ASSISTANCE, TITLE XIX

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
These five services must be provided to the *categorically needy*. If the State plan includes the *medically needy*, these services must be provided, or a combination of any nine mandatory and optional services.	These services may be provided to the categorically needy and to the medically needy.
INPATIENT HOSPITAL SERVICES (Other than services in an institution for tuberculosis or mental diseases) "Inpatient hospital services" are those items and services ordinarily furnished by the hospital for the care and treatment of inpatients provided under the direction of a physician or dentist in an institution maintained primarily for treatment and care of patients with disorders other than tuberculosis or mental diseases and which is licensed or formally approved as a hospital by an officially designated State standard-setting authority and is qualified to participate under title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation; and which has in effect a hospital utilization review plan applicable to all patients who receive medical assistance under title XIX of the Act.	**MEDICAL CARE AND REMEDIAL CARE** This term means any medical or remedial care or services other than physicians' services, provided within the scope of practice as defined by State law, by an individual licensed as a practitioner under State law.
OUTPATIENT HOSPITAL SERVICES "Outpatient hospital services" are those preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished by or under the direction of a physician or dentist to an outpatient by an institution which is licensed or formally approved as a hospital by an officially designated State standard-setting authority and is qualified to participate under title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation.	**PRIVATE DUTY NURSING SERVICES** "Private duty nursing services" are nursing services provided by a professional registered nurse or a licensed practical nurse, under the general direction of the patient's physician, to a patient in his own home or in a hospital, skilled nursing home, or extended care facility when the patient requires individual and continuous care beyond that available from a visiting nurse or that routinely provided by the nursing staff of the hospital, nursing home, or extended care facility.
OTHER LABORATORY AND X-RAY SERVICES The term "other laboratory and X-ray services" means professional and technical laboratory and radiological services ordered by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law, and provided to a	**CLINIC SERVICES** "Clinic services" are preventive diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. **DENTAL SERVICES** "Dental services" are any diagnostic, preventive, or corrective procedures administered by or under the supervision of a dentist in the practice of his profession. Such services include treatment of the teeth and associated structures of the oral cavity, and of disease, injury, or impairment which may affect the oral or general health of the individual. The term "dentist" means a person licensed to practice dentistry or dental surgery.

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
patient by, or under the direction of, a physician or licensed practitioner, in an office or similar facility other than a hospital outpatient department or a clinic, and provided to a patient by a laboratory that is qualified to participate under title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation. **SKILLED NURSING HOME SERVICES** (Other than services in an institution for tuberculosis or mental diseases) **FOR INDIVIDUALS 21 YEARS OF AGE OR OLDER** "Skilled nursing home services" means those items and services furnished by a skilled nursing home maintained primarily for the care and treatment of inpatients with disorders other than tuberculosis or mental diseases which are provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law. (See Regulations for detailed definition of the facility). **PHYSICIANS' SERVICES, WHETHER FURNISHED IN THE OFFICE, THE PATIENT'S HOME, A HOSPITAL, A SKILLED NURSING HOME OR ELSEWHERE** "Physicians' services" are those services provided, within the scope of practice of his profession as defined by State law, by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy. **HOME HEALTH CARE SERVICES** "Home health care services" of physicians, dentists, physical therapists, and other services and items available to patients in their homes and described elsewhere in these definitions, are any of the following items and services when they are provided on recommendation of a licensed physician to a patient in his place of residence, but not including as a residence a hospital or a skilled nursing home:	**PHYSICAL THERAPY AND RELATED SERVICES** "Physical therapy and related services" means physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders, and the use of such supplies and equipment as are necessary. (See regulations for detail.) **PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; AND EYEGLASSES PRESCRIBED BY A PHYSICIAN OR BY AN OPTOMETRIST WHICHEVER THE INDIVIDUAL MAY SELECT.** (See regulations for detail.) **INPATIENT HOSPITAL SERVICES AND SKILLED NURSING HOME SERVICES FOR INDIVIDUALS 65 YEARS OF AGE OR OVER IN AN INSTITUTION FOR TUBERCULOSIS OR MENTAL DISEASES** "Inpatient hospital services" are those items and services ordinarily furnished by the hospital to inpatients, which are provided to an inpatient in the institution or to a patient who is receiving care in the institution under a day-care or a night-care plan, and which are furnished under the direction of a physician to a patient in an institution for tuberculosis or an institution for mental diseases. "Skilled nursing home services" are those items and services given in a skilled nursing home, when these items and services are furnished to patients who would not have been discharged from, or would be admitted to, an institution for tuberculosis or mental diseases if skilled nursing home services were not available to them. **ANY OTHER MEDICAL CARE AND ANY OTHER TYPE OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, SPECIFIED BY THE SECRETARY** This term includes the following items in those States in which they are recognized under State law and under the circumstances, and to the extent to which, they are so recognized:

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations

Intermittent or part-time nursing services furnished by a home health agency;

Intermittent or part-time nursing services of a professional registered nurse or a licensed practical nurse under the direction of the patient's physician, when no home health agency is available to provide nursing services;

Medical supplies, equipment, and appliances recommended by the physician as required in the care of the patient and suitable for use in the home;

Services of a home health aide. (See regulations for detail).

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND

Early and periodic screening and diagnosis of individuals under the age of 21 who are eligible under the plan to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Federal financial participation is available for any item of medical or remedial care and services included under this section for individuals under the age of 21.

Transportation, including expenses for transportation and other related travel expenses, necessary to securing medical examinations and/or treatment when determined by the agency to be necessary in the individual case.

Family planning services, including drugs, supplies, and devices, when such services are under the supervision of a physician.

Services of Christian Science nurses.

Care and services provided in Christian Science sanatoria.

Skilled nursing home services provided to patients under 21 years of age.

Emergency hospital services which are necessary to prevent the death or serious impairment of the health of the individual.

INTERMEDIATE CARE FACILITIES (Other than such services in an institution for tuberculosis or mental diseases)

The term intermediate care facility means an institution which is licensed by State law to provide, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or a skilled nursing home is designed to provide, but who because of their mental or physical condition require care and services (above room and board) which can be made available to them only through institutional facilities.

The term intermediate care facility may include services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions if:

The primary purpose of such institution (or distinct part thereof) is to provide health or rehabilitative services for mentally retarded individuals and which meet standards prescribed by the Secretary; and the mentally retarded individual is receiving active treatment under such a program.

MEDICAL ASSISTANCE, TITLE XIX

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	Establish and maintain personnel administration according to the "Standards for a Merit System or Personnel Administration."
	Provide for the utilization of professional medical personnel in the administration of the program.
	Provide for training and effective use of paid sub-professional staff with emphasis on the full-time or part-time employment of recipients or other persons of low income and provide for the use of nonpaid or partially paid volunteers in a social service volunteer program.
	Staff development program.
	Establish a formula to provide for obtaining sufficient staff (qualified) on a progressive basis by July 1, 1975, in the medical assistance unit and regionally and locally.
Procedural Standards	Provide that the State agency will make reports containing information and in the form that the Secretary may require.
	Provide for granting fair hearings to any dissatisfied applicant.
	Provide such safeguards as may be necessary to assure that eligibility for care will be determined and provided in a manner consistent with simplicity of administration and the best interests of the recipients.
	Include reasonable standards for determining eligibility for and extent of medical assistance.
Site and Space Standards	Provide for the establishment or designation of a State authority(s) which shall be responsible for establishing and maintaining standards for private or public institutions in which recipients of medical assistance receive services.
Operating Goals and Objectives	The overall goal of the Medical Assistance Program shall be to offer comprehensive medical and remedial care and services to all eligible individuals by 7/1/77 (as found in Sec. 1903(e) of Title XIX).
	Provide for broadening the scope of medical and remedial care and services in the State.* *(See Addendum)*
Other	Provide for establishment of a Medical Assistance Advisory Council.* *(See Addendum)*
	Provide for entering into cooperative arrangements with the State agency(s) responsible for administering or supervising the administration of health services and vocational rehabilitation services in the State.
	Provide for entering into agreements with any agency, institution or organization receiving payments for cost of plans/projects under Title V; provide for utilization of their resources; reimbursement of services to agency.

MEDICAL ASSISTANCE, TITLE XIX

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	No restriction.
Level of Function	No restriction.
Geographic Area Served	No restriction.
Economic Status	Must be categorically needy and/or medically needy (see definition below).
Other	**"Categorically needy"** refers to an individual who is receiving financial assistance under the State's approved plan under title I, IV-A, X, XIV, or XVI of the Social Security Act, or is in need under the State's standards for financial eligibility in such plan. **"Medically needy"** refers to an individual whose income and resources equal or exceed the State's standards under the appropriate financial assistance plan but are insufficient to meet his costs for medical insurance premiums and for necessary medical and remedial care and services recognized under State law but not encompassed in the State plan for medical assistance, plus his costs for medical and remedial care and services included in the State plan. **"Optional Groups for coverage"** Services may be available to certain optional groups: Aged, blind or disabled persons who are former applicants for or recipients of financial assistance who request services or on whose behalf services are requested; Aged, blind or disabled persons who request services or on whose behalf services are requested and who are likely to become applicants for or recipients of financial assistance, i.e., those who: Are not money payment recipients but are eligible for medical assistance under the State's Title XIX plan; Are at or near dependency level, including those low income neighborhoods and among other groups that might be expected to include more aged, blind or disabled cases than other low income groups where the services are provided on a group basis; All aged, blind or disabled persons in the above groups or a selected reasonable classification of such persons with common problems or common service needs.

Public Assistance

PURPOSE

The purpose of the public assistance programs is to enable each State to furnish financial assistance to aged needy persons, needy individuals 18 and older who are permanently and totally disabled, needy individuals who are blind, and needy dependent children and the parents or relatives with whom they are living. The programs are also intended to encourage each State to furnish rehabilitation and other services to help individuals and families to attain or retain capability for the maximum self-support or self-care.

EXTENT

Eligibility is established according to each State's definition of financial need. The developmentally disabled are included in these programs to the extent that they are needy and qualify in one of the categories which follow:

Old Age Assistance (OAA): The term "old age assistance" means money payments to, or medical care in behalf of or any type of remedial care (recognized under State law) in behalf of any individual who is 65 years or older, but does not include payments to or care in behalf of any individual who is an inmate of a public institution (except as a patient in a medical institution).

Aid and Services to Needy Families with Children (AFDC): The term "aid and services to needy families with children" means money payments to, or medical care in behalf of or any type of remedial care (recognized under State law) in behalf of a dependent child and includes the needs of the parent(s) or grantee-relatives. The term "dependent child" means "a child who has been deprived of parental support or care by reason of the death, continued absence from the house, physical or mental incapacity or the unemployment of a parent, and who is living with his father, mother, or other relative in a place of residence maintained by one or more such relatives as his or their own home and who is under the age of 18 or under 21 and a student regularly attending school or attending a course of vocational or technical training designed to prepare him for gainful employment."

Aid to the Blind (AB): The term "aid to the blind" means money payments to or medical care in behalf of, or any type of remedial care (recognized under State law) in behalf of, blind individuals who are needy, but does not include any payments to or care in behalf of any individual who is an inmate of a public institution (except as a patient in a medical institution) or any individual who is a patient in an institution for tuberculosis or mental diseases.

Aid to the Permanently and Totally Disabled (APTD): The term "aid to the permanently and totally disabled" means money payments to, or medical care in behalf, or any type of remedial care (recognized under State law) in behalf of needy individuals 18 years of age or older who are permanently and totally disabled, but does not include any payments to or care in behalf of any individual who is an inmate of a public institution (except as a patient in a medical institution) or any individual who is a patient in an institution for tuberculosis or mental diseases.

a. Permanent: Refers to a physical, mental or emotional impairment which can be substantiated by medical findings. The impairment must be of major importance not likely to improve, or which will continue through the lifetime of the person, or to respond to any known treatment and is likely to remain static or become worse unless certain therapeutic measures are provided except when treatment is inadvisable, unavailable, or the person refuses treatment and his decision is reasonable.

a. Totally: Refers to the ability of the person to carry out those activities necessary to performing specific employment responsibilities or housemaking. Totally involves consideration of age, training, skills, work experience, and the functioning of the

person in light of his impairment. It takes into consideration the activities required of a person in his job, at home, his living and working conditions, interests, native capacities, and the extent to which he has adjusted to the loss he has sustained. The concept also includes an assessment of the person's attitudes, reactions, personality traits and motivations. No time factor is involved in the concept of being totally disabled.

SCOPE

The intent of these categorical aid programs is to furnish direct financial assistance payments to all eligible individuals and not the provision of actual services. Services may be provided to categorical aid recipients under specific social service programs for adults and for families and children. See "Public Assistance Adult Social Services" and "Public Assistance Families and Children Social Services."

Public Assistance Programs – Continued

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"PUBLIC ASSISTANCE"	SOCIAL SECURITY ACT of 1935, as amended TITLE I	*Federal Register*	Department of Health, Education and Welfare
Grants to States for Old Age Assistance (OAA)		Vol. 36 No. 40 Part II	Social and Rehabilitation Service
Grants to States for Aid and Services to Needy Families with Children (AFDC)	TITLE IV-A	Date: 2/27/71	
Grants to States for Aid to the Blind (AB)	TITLE X		
Grants to States for Aid to the Permanently and Totally Disabled (APTD)	TITLE XIV		
or			
Grants to States for Aid to Aged, Blind and Permanently and Totally Disabled (AAPD)	TITLE XVI PL 92-603*		

**See Addendum for important legislative action of the 92nd Congress.*
Reference: *Catalog of Federal Domestic Assistance 1972*
Program Number 13.761

PUBLIC ASSISTANCE PROGRAMS

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
Authorization is made for appropriations necessary to fulfill federal obligations. Cit: 42 USC 602, 1301, 1351	Estimated obligation for FY 1972: 6,628 M	This program is "open-ended." The Federal Government participates to the extent that the individual State expends monies, in accordance with the formula tailored to each State's participation rate. (See "Federal/State Percentage Share for Program").

Public Assistance Programs — Continued

Federal/State Percentage Share for Program			Methods for Distribution of Funds
Federal	State		
83% (max.) to 50%	17% (min.) to 50%	The Federal share is based on a State's average monthly payments, up to $75. The Federal Government pays $31 of the first $37 within the maximum. Of the remaining $38 it pays from 50 to 65 percent. If it is to the State's benefit, it may use the medicaid formula with no maximum (if the State has a medicaid plan) which ranges from 50 to 83 percent.	Public Assistance payments are made directly to the individual eligible for the program to cover costs of food, shelter, clothing and other necessary items of daily living. Vendor payments or money payments may be made to families who are needy and in emergency situations.

PUBLIC ASSISTANCE PROGRAMS

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
The Public Assistance Program provides direct money payments to eligible individuals to cover costs of food, shelter, clothing and other necessary items of daily living. An individual having established eligibility or applying for public assistance under Titles I, X, XIV or XVI is entitled to receive adult social services under these titles. See under "Mandatory Services," Public Assistance Adult Social Services. A family or child eligible for Public Assistance under Title IV-A is entitled to receive social services for families and children. See under "Mandatory Services," Public Assistance Families and Children Social Services. An individual having established eligibility in the Public Assistance Program, is entitled to receive medical services under Medical Services, Title XIX. See under "Mandatory Services," Medical Assistance—Title XIX.	See Adult Social Services and Social Services for Families and Children to indicate the range of social services which are optional for those who are eligible under the Public Assistance Program. See Medical Services, Title XIX for range of optional services to eligible individuals in this program.

PUBLIC ASSISTANCE PROGRAMS

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	To be approved, a State plan for providing assistance with Federal participation must provide for: Establishment and maintenance of personnel standards on a merit basis and the training and use of paid sub-professional staff and volunteers; Staff development on a progressive basis; Use of professional staff drawn from relevant fields.
Procedural Standards	Provide the opportunity for anyone wishing to apply for assistance without delay so that assistance shall be furnished with reasonable promptness to all eligible. Submit such reports as required by the Secretary. Develop reasonable standards for determining eligibility and periodic review of cases. Must institute a program quality control system.
Site and Space Standards	There must be designated a State authority responsible for establishing and maintaining standards for all types of public and private institutions in the State in which, under a State Plan for Assistance, a needy person may receive assistance. The State agency will establish and maintain standards for office space, equipment and facilities that will adequately meet program and staff needs.
Operating Goals and Objectives	The stated operating goal shall be to provide financial assistance (and a variety of social services) which will enable families and individuals to attain or retain capacity for independence and self-support; to help maintain and strengthen family life; to promote a healthy population and to prevent illness; and to furnish the maximum economic, social and physical rehabilitation wherever possible. Provide the opportunity for a fair hearing before the State agency for all clients.
Other	Provide for statewide operation.

PUBLIC ASSISTANCE PROGRAMS

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	OAA (Old Age Assistance) or AABD (Aid to the Aged, Blind, Disabled) Titles I or XVI may not impose age requirement over 65 years old. AFDC (Aid to Families with Dependent Children) under 18 years of age; or under 21 years of age if student regularly attending a school, college or university, or regularly attending a course of vocational or technical training designed to fit him for gainful employment Title IV-A. AB (Aid to the Blind) Title X, or AABD – any age. APTD (Aid to Permanently and Totally Disabled) Title XIV or AABD – 18 years of age or older.
Level of Function	No restriction
Geographic Area Served	No restriction
Economic Status	Must be financially needy, wide lattitude among States in defining need.
Other	Federal participation under Title I, X, XIV or XVI is not available in payments to or in behalf of any individual who is an inmate of a public institution except as a patient in a medical institution. An institution for the mentally retarded is not a medical institution. Federal participation under Title X or XVI is not available in payments to or in behalf of any individual who is a patient in an institution for tuberculosis or mental diseases. An institution for the mentally retarded is not an institution for mental diseases. An individual on conditional release or convalescent leave from an institution for mental diseases is not considered to be a patient in such institution.

Comprehensive Health Planning (314.d)
and
Grants for Public Health Services (314.d)

PURPOSE

These programs are directly related to each other and are contained in the Public Health Services Act, Title III, Sections 314(a) and 314(d). The planning program 314(a) provides funds to support State planning programs and the administration of the State plan for comprehensive health planning. The services program 314(d) provides funds for public health services, including health services and mental health services.

EXTENT

Service grants are directed to the community level for the provision of services in both health and mental health areas. The services to be funded under these grants must be in accord with the service priorities and requirements as stated in the State plan. The specific service programs are developed by the State health authority and the State mental health authority. At least 15 percent of the funds must be allocated for mental health services. A minimum of 70 percent of the funds must be for community services. Eligibility for participation in local programs is established according to the particular purpose for which the program is designed. The developmentally disabled may be included for program participation if the State plan recognizes health or mental health priorities for this population in the development of its State plan for priorities or objectives.

SCOPE

Scope of service will depend on the content of each approved project. The range of services may include PREVENTATIVE, DIAGNOSTIC, TREATMENT and REHABILITATION programs but must include special consideration for the health needs of high risk population groups in terms of age, economic status, geographic location, or other relevant factors. The mandate for public health services includes any PHYSICAL, MENTAL or ENVIRONMENTAL HEALTH SERVICE which the State authority is authorized to undertake.

COMPREHENSIVE HEALTH PLANNING (314.a)

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"GRANTS TO STATES FOR COMPREHENSIVE HEALTH PLANNING"	PUBLIC HEALTH SERVICE ACT, as amended TITLE III Sec. 314(a) PL 89-749	*Federal Register* Vol. 32 No. 141 Date: 7/22/67	Department of health, Education and Welfare Health Services and Mental Health Administration

Reference: *Catalog of Federal Domestic Assistance 1972*
Program Number 13.207

Comprehensive Health Planning (314.a) — Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
Authorization for FY 1972 — 17 M Cit: 42 USC 2416	Estimated obligation for FY 1972, 7.675 M	The allotment to each State is based on the State's proportion of "weighted population" compared to the "weighted population" of the United States, although it must not be less than 1 percent of the total. "Weighted population" means the population of the State (as determined from the latest available estimate from the Department of Commerce) multiplied by the per capita income of the United States, divided by the per capita income of the State (as determined from the latest available estimates from the Department of Commerce).

Comprehensive Health Planning (314.a) — Continued

Federal/State Percentage Share for Program			Methods for Distribution of Funds
Federal	State		
up to 75%	not less than 25%	The Secretary will determine the actual Federal share of the costs of comprehensive State health planning at the time of approval of the State program. The 75 percent Federal share is maximum.	Payments are made to single State agency (which may be an interdepartmental agency) designated in the State program for administering or supervising the administration of the State's health planning functions. No more than 50 percent of the funds available to the State agency under this program may be used for contracting with other agencies and organizations to conduct planning functions under the State program without specific approval from the Surgeon General.

COMPREHENSIVE HEALTH PLANNING (314.a)

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
The State formula grants may be used only to administer or supervise the administration of the State's comprehensive health planning functions. Money may not be used to provide or administer health services. **SCOPE OF PLANNING ACTIVITIES MANDATED** Health services, facilities and manpower to meet the physical, mental and environmental health needs of the people of the State and the financial and organization resources through which these needs may be met. Planning will be concerned with both publicly and privately supported health services and activities. Must determine method to order planning priorities to ensure that the most critical planning problems are scheduled for early attention. (note: The 314.d State plan "Grants to States for Public Health Services" must contain assurances that these services are furnished in accordance with the planning recommendations of the 314.a State plan). Encourage cooperative efforts among organizations concerned with health and related services. As a minimum, the State program must provide methods for: Coordinating the State agency's planning activities with specialized health and other related planning activities, such as the development of mental retardation plans, construction plans for health and medical facilities, community mental health plans, regional medical programs and environmental control plans and with State agencies concerned with physical and economic planning. Considering the most effective and efficient manner of meeting health needs in the fields of welfare, education and vocational rehabilitation.	

Comprehensive Health Planning (314.a) — Continued

SCOPE OF SERVICE PROVISIONS	
Mandatory Service Provisions Prescribed by Law/Regulations	**Optional Service Provisions Prescribed by Law/Regulations**
Considering the special needs of high-risk population groups for preventative and health care services.	
Consultation, by providing information and advice to health care facilities, to develop a program for capital expenditures, for modernization, replacement and expansion, consistent with the overall State plan. Must provide for review of such capital expenditures.	

COMPREHENSIVE HEALTH PLANNING (314.a)

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	To administer or supervise the administration of planning functions under the State program and to provide staff assistance to the State health planning council, the State agency will establish positions, including the full time position of comprehensive health planning director, to be filled by persons with appropriate qualifications. The State program must provide for the establishment and maintenance of personnel standards on a merit basis for persons employed by the State comprehensive health planning agency.
Procedural Standards	In supervising the activities of other organizations which carry out planning functions under the State agency, the State agency must show that it is able to obtain from such other agency, institution, organization or individual the data needed for formulation and evaluation of, and accountability for, planning activities. It must show that it has established methods for performing continuing professional and administrative evaluations of such activities and is in a position to take such steps as may be necessary to assure that such activities meet Federal and State requirements.
Operating Goals and Objectives	Provide financial support for State programs in comprehensive health planning concerned with services, manpower and facilities to meet the physical mental, and environmental needs of all people of the State.
Other	Establishment of a State health planning council to advise the State agency in carrying out its functions. Council to be comprised of membership by State agencies, and local agencies and nongovernmental groups concerned with health services in the State. A majority of the membership must be consumer representatives.

COMPREHENSIVE HEALTH PLANNING (314.a)

SCOPE OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	No restriction – not applicable
Level of Function	No restriction – not applicable
Geographic Area Served	Statewide
Economic Status	No restriction – not applicable
Other	Must consider special needs of high-risk population groups for preventative and health care services.

SUMMARY REVIEW FORM #1

GRANTS TO STATES FOR PUBLIC HEALTH SERVICES (314.d)

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"GRANTS TO STATES FOR PUBLIC HEALTH SERVICES"	PUBLIC HEALTH SERVICES ACT, as amended Title II, sec 314(d) PL 89-749	*Federal Register* Vol 32 No 141 Date: 7/22/67	Department of Health Education and Welfare Health Services and Mental Health Administration

Reference: Catalog of Federal Domestic Assistance 1972
Program No. 13.210

Grants to States for Public Health Services (314.d) — Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
Authorization for FY 1972 Comprehensive Public Health Services 145 M Cit: 42 USC 246	Estimated obligation for FY 1972 Public Health Services (only) 100 M	On the basis of population (as determined from the latest available estimate from the Department of Commerce), $3 per person up to a maximum of 100,000 persons, plus; Fifty percent of the remainder of the amount available on the basis of population (as determined above) and fifty percent on the basis of population weighted by financial need (as determined by the latest available estimates of per capita personal income from the Department of Commerce), adjusted so that the total allotment to any State will not be less than the total for the amounts allotted to it under formula grants for cancer control, plus other allotments under section 314 of the Act, prior to amendment, for the fiscal year ending June 30, 1967.

Grants to States for Public Health Services (314.d) – Continued

Federal/State Percentage Share for Program			Methods for Distribution of Funds
Federal	State		
66.6% (max.)	66.6% (max.)	The "Federal share" for any State for purposes of this subsection shall be 100 per centum less that percentage which bears the same ratio to 50 per centum as the per capita income of the United States; except that in no case shall such percentage be less than 33-1/3 per centum or more than 66-2/3 per centum.	The Secretary shall allocate 15 percent of each State's allotment for each fiscal year to the State's mental health authority and 85 percent to the State health authority, except that when, in any case, 15 percent of the State's allotment is less than the amount of that State's fiscal year 1967 allotment for mental health services, the percentage allocated to the mental health authority of such State shall be increased to that percentage which will provide that such allocation for the year will equal the fiscal year 1967 allotment to that State for mental health services, and the percentage allocation for the year to the State health authority of such State shall be correspondingly reduced. **EXCEPTION**. If recommended concurrently by the State health authority and the State mental health authority, or by the Governor, for any fiscal year, the Secretary may allocate a higher percentage to the State mental health authority and a correspondingly lower percentage to the State health authority. At least 70% of the funds allotted to the State health authority, and to the State mental health authority shall be available only for the provision of health services in communities of the State.
33.3% (min.)	33.3% (min.)	The Federal shares shall be determined each year, on the basis of the average per capita incomes of each of the States and of the United States for the most recent year for which satisfactory data are available from the Department of Commerce, and such determination shall be conclusive for the fiscal year beginning on the next July 1. The populations of the several States shall be determined on the basis of the latest figures for the population of the several states available from the Department of Commerce.	

GRANTS TO STATES FOR PUBLIC HEALTH SERVICES (314.d)

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	*Optional Service Provisions Prescribed by Law/Regulations

PUBLIC HEALTH SERVICES

Public health services under a State plan may include the costs of any physical, mental, or environmental health service which the State authority is authorized to undertake or support, or the costs of training, including in-service and specialized or short-term training of personnel for State and local health work.

ACCORD WITH COMPREHENSIVE PLANNING

Where a State comprehensive health planning agency has been designed pursuant to section 314(a) of the Act, and where such agency has adopted planning recommendations pertaining to services to be provided under the State plan for public health services, the State plan must provide for furnishing such services in accordance with such recommendations.

If the State comprehensive health planning agency has not adopted or incorporated into its planning recommendations State mental health plans, community mental health services under the approved plan for this part shall be in accordance with State mental health plans developed with the assistance of Federal funds.

COMMUNITY SERVICES

Such services in communities shall include all eligible activities conducted under the State plan which, in the judgment of the Secretary or his delegate, are directly involved in the provision of services to people, in the training of personnel for community services, and in the prevention or alleviation of health, mental health, or environmental health problems in communities, whether such activities are provided by State or local agencies.

Public health services *shall not include* such activities as administration, planning, consultation, and data collection and analysis activities conducted by the State agency for statewide planning and administrative purposes not directly involved in the provision of services to people.

The following costs of services and training *shall not be included:*

The provision of air pollution control activities to the extent such costs are precluded by the Clean Air Act (P.L. 88-206) as amended;

The provision of community mental health services to the extent funds are available for such costs under the Community Mental Health Centers Act (P.L. 88-164) as amended;

The provision of inpatient care in hospitals or other institutions, except where the Secretary determines that such care during a limited period of time is necessary for effective evaluation, demonstration, or extension of new or improved public health procedures;

Research activities, other than those which are a part of health service programs or demonstrations, or of health surveys, epidemiologic studies, or case findings;

The acquisition of land or construction of buildings; and

Such other costs as the Secretary may find to be inconsistent with the Act or the regulations of this sub-part.

*Since this plan offers a choice of "mandatory" services (conformance to State Plan for Comprehensive Health and Public Health Service, 314(a)), *specific limitations* are presented here under "optional services."

SUMMARY REVIEW FORM #3

GRANTS TO STATES FOR PUBLIC HEALTH SERVICES (314.d)

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	Services under the plan must be provided or supervised by qualified personnel, such qualification to be determined by reference to merit system occupational standards, State and local licensing laws and speciality Board requirements for health professionals. Compliance with standards for a Merit System of Personnel Administration, 45 CFR, Part 70 issued by Secretary of Health, Education and Welfare.
Procedural Standards	Plan must provide for professional consultation to as well as supervision of services under the plan conducted by agencies, institutions or organizations other than the State authority.
	State authority shall maintain adequate records to show disposition of all funds.
	State authority shall file annual progress reports detailing accomplishments of the programs including, if possible, quantitative indices of the improvement of the health of the people involved.
	Plan must contain methods of evaluating the performance of activities being carried out under the Plan to assure they meet the standards in Plan.
Operating Goals and Objectives	Plan must set forth the anticipated impact on the health of the people in terms of the specific objectives toward which the activities are directed. Plan must assure that funds paid out will be used to provide and strengthen public health services. In evaluating this assurance the Secretary shall consider: extent to which services provided are made available to all people in the State, extent to which funds represent a strengthening of public health services including expansion or improved alignment of services or initiation of new services.

GRANTS TO STATES FOR PUBLIC HEALTH SERVICES (314.d)

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	No restriction (See below "Other")
Level of Function	No restriction
Geographic Area Served	Entire state, emphasis on community services
Economic Status	No restriction. May be related to emphasis on health needs of "high risk groups" (See below)
Other	The plan must show that preventative, diagnostic, treatment and rehabilitation programs shall include special attention to the health needs of high risk population groups in terms of age, economic status, geographic location, or other relevant factors. In addition, preventative services shall be based on sound epidemiologic principles.

Education of the Handicapped

PURPOSE

This program review focuses on Part B, Title VI, of the Education of The Handicapped Act. The purpose of the program is to provide grants to States to assist them in the initiation, improvement and expansion of educational and related services for the handicapped child at the preschool, elementary and secondary levels.

EXTENT

This program focuses on services for the handicapped child and the handicapped individual requiring services beyond Grade 12. Services may be provided to children at the preschool level. A handicapped child means mentally retarded, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who require special education and related service. The developmentally disabled are included in this definition.

SCOPE

This program provides EDUCATIONAL SERVICES to handicapped children which are in addition to, distinct from, or a modification of educational services provided to children who are not handicapped. In addition to direct educational services, programs may include PARENT COUNSELING and PARENT TRAINING. All projects must be designed to meet the special needs of the handicapped and should focus on groups of children with a specific type or types of handicaps.

RELATED PROGRAMS

The Education of the Handicapped Act contains other parts which authorize grants for special purposes, distinct from Part B. These activities include centers and services to meet the special needs of the handicapped through funding of regional resource centers which provide testing and educational evaluation, development of educational programs to meet special needs and consultation services and evaluation of special educational programs. The Commissioner or Education may fund programs for the early education of handicapped children, research activities relating to any part of the programs authorized under the Act, training grants, and special programs for children with specific learning disabilities.

EDUCATION OF THE HANDICAPPED – TITLE VI-B

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"HANDICAPPED SCHOOL AND PRESCHOOL PROGRAMS"	ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA), TITLE VI(B) EDUCATION OF THE HANDICAPPED ACT, PART B	*Federal Register* Vol. 37 No. 141 Date: 6/21/72	Department of Health, Education and Welfare Office of Education

Reference: *Federal Domestic Assistance Catalog 1972*
Program Number 13.449

Education of the Handicapped—Title VI-B — Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
Total authorization for all vocational education programs for FY 1972: 675 M Vocational education for handicapped persons unable to participate in regular programs: 60 M Open-ended authorization of additional funds for development and authorization of state plans. Cit: 20 USC 1401	Appropriation and estimated obligation for part B 37.5 M* *HEW, Office of Education	Funds to States are allotted on the basis of the ratio a State's 3 to 21 age population bears to the national 3 to 21 population.

Education of the Handicapped—Title VI-B – Continued

Federal/State Percentage for Program		Methods for Distribution of Funds
Federal	State	
100%	–	Funds are made available to the State after expenditure of such State funds for the purposes of the program. Funds made available under this Act may be expended directly or through individual local educational agencies, combinations of such agencies (including inter-district, intercommunity, regional, State-local).

EDUCATION OF THE HANDICAPPED – TITLE IV-B

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
SCOPE OF GRANT PURPOSES All service provisions must be used solely to initiate, expand or improve programs and projects (including preschool programs and projects) which are: designed to meet the special educational and related needs of handicapped children through the State; which are of sufficient size, scope and quality as to give reasonable promise of substantial progress toward meeting those needs. **ADMINISTRATION AND PLANNING** For the proper and efficient administration of the State plan (including State leadership activities and consultative services) and planning on the State and local level. **PROJECT CONTENT** In order to meet the special educational and related needs of handicapped children, projects under part B of the Act must provide one or more of the following services: **EDUCATIONAL SERVICES** Educational services to handicapped children which are in addition to or distinct from, or a modification of educational services provided to children who are not handicapped. **OTHER SERVICES** Other services which are related to the provision of educational services, designed to overcome or ameliorate the handicaps of handicapped children, and necessary to enable handicapped children to benefit from the educational services available to them. Such services may include parent counseling and parent training, where appropriate, to enable parents to work more effectively with their handicapped children and have a greater understanding of their needs. **SCOPE OF PROJECTS** Each project shall provide within itself or within the educational program which is supplemented by such project, direct instructional services to handicapped children. The term "program" includes the	**EQUIPMENT AND FACILITIES** If the Commissioner of Education determines that any program authorized by this Title will be improved by permitting the funds authorized for such programs to be used for the acquisition of equipment and the construction of necessary facilities, he may authorize the use of such funds for such purposes.

Education of the Handicapped—Title VI-B — Continued

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	Optional Service Provisions Prescribed by Law/Regulations
composite of all educational services provided through Federal, State, local or other funding for all handicapped children in a given school, for all children in a given school with a specific type of specific types of handicap. **DESIGN OF PROJECTS** Programs and projects assisted shall: Be of sufficient size, scope and quality as to give reasonable promise of substantial progress toward meeting special educational needs of handicapped children. Focus on groups of children with a specified type of types of handicaps and concentrate on a limited number of children so as to give reasonable promise of promoting to a marked degree improvement in the educational attainment, motivation or behavior or attitudes of such children. Project must include effective evaluation procedures. Be based on a specific plan, and be planned in coordination with other public and private programs for the education of handicapped children or for similar purposes in the area to be serviced by the project or program and in the State.	

EDUCATION OF THE HANDICAPPED – TITLE VI-B

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	The State plan shall describe the duties of the State administrator and supervisory positions, existing and proposed under the State plan. The State plan shall set forth the required qualifications for all professional, administrative and supervisory positions.
Procedural Standards	A State educational agency shall adopt effective procedures for reviewing, investigating, and acting upon any allegations of substance, which may be made by local educational agencies or private individuals or organizations, or actions by State or local educational agencies contrary to the provisions of part B of the Act or the applicable regulations in this part. Effective procedures, including provisions for appropriate objective measurements of educational achievement, will be adopted for evaluating at least annually the effectiveness of the programs in meeting the special educational needs of, and providing related services for, handicapped children. Prior to its submission by the State educational agency to the Commissioner, each State plan shall be made public as a separate document, and a reasonable opportunity shall be given by that agency for comment thereon by interested persons. The Commissioner will not approve any State plan until such publication has been made and such opportunity for comment has been given. Methods of public notice of the proposed plan shall include notices and bulletins distributed by the State educational agency to local educational agencies and other agencies involved in the education of handicapped children and news releases to, or advertising in, key newspapers or other news media throughout the State.
Site and Space Standards	Must comply with National Environmental Policy Act. Must comply with "American standard Specifications for Making Buildings Accessible to and Usable by, the Physically Handicapped."
Operating Goals and Objectives	The purpose of this program is to assist States in the institution, expansion and improvement of programs and projects for the education of handicapped children at the preschool, elementary school and secondary school levels.
Other	There is established in the Office of Education a National Advisory Committee on Handicapped Children with a majority of the membership consisting of persons affiliated with educational, training, or research programs for the handicapped. The Committee shall make recommendations to the Commissioner of Education, based on review of the administration of the program, and including its effect on improving the educational attainment of handicapped children.

EDUCATION OF THE HANDICAPPED – TITLE VI-B

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	Preschool: The educational level from a child's birth to the time at which elementary education is provided as determined under State law. Secondary School level: The educational level (next beyond grade 12) at which secondary education is provided, as determined under State law.
Level of Function	No restriction provided the program is administered by a local educational agency, which can mean a public institution or agency having administrative control or direction of a public elementary or secondary school.
Geographic Area Served	No restriction, services provided by local educational agency.
Economic Status	No restriction
Other	Funds may not be made available for handicapped children eligible for assistance under Title I of this Act (ESEA). **"Handicapped children"** means mentally retarded, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof require special education and related service. The term includes children with specific learning disabilities.

Vocational Education

PURPOSE

This program provides grants to States to develop new programs and to maintain, extend and improve existing programs in vocational education, specifically secondary and postsecondary education. Fifty percent of the grants to States are geared to emphasize services for the disadvantaged, for those who require postsecondary education, and for the handicapped.

EXTENT

The developmentally disabled are specifically included in this program under the definition of "handicapped," which includes the mentally retarded and crippled or other health impaired persons. Any restrictions would likely pertain to the ability of the individual to benefit from this program in terms of his ability to obtain gainful employment.

SCOPE

There is a specific recognition of the special educational needs of the handicapped and provisions are made to insure that the handicapped will receive services in the form of modifications of regular programs or in special vocational programs designed only for the handicapped. For example, there may be services provided in a sheltered workshop. Educational services include VOCATIONAL INSTRUCTION, GUIDANCE and COUNSELING, and SPECIAL EDUCATION SERVICES, including REMEDIAL INSTRUCTION, SKILLS TRAINING, TRANSPORTATION as well as SPECIAL EDUCATIONAL EQUIPMENT, SERVICES and DEVICES.

SUMMARY REVIEW FORM #1

VOCATIONAL EDUCATION

LEGAL, FISCAL AND FINANCIAL AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"VOCATIONAL EDUCATION – BASIC GRANTS TO STATES"	VOCATIONAL EDUCATION ACT, as amended TITLE I – Part B PL 90-576	*Federal Register* Vol. 35 No. 91 Part II Date: 5/9/70	Department of Health, Education and Welfare Office of Education

Reference: *Federal Domestic Assistance Catalog 1972*
Program Number 13.493

Vocational Education — Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
FY 1972 Initiation, expansion and improvement of programs and projects 210 M Training personnel 35.5 M Centers and services to meet special needs 51.5 M Instructional media 15 M TOTAL: 312 M Cit: 20 USC 1241	Estimated obligations FY 1972 381.5 M However, this figure includes seven related programs recently consolidated under the one figure. The estimated FY 1971 obligation for these other programs is 94 M.	Allotments to States are based on the number of persons of various age groups needing vocational education and the per capita income in each State. The age basis part of the allotment formula is as follows: 50% of allotment in proportion to State's share of population ratio nationally, ages 15-19 20% of allotment in proportion to State's share of population ratio nationally, ages 20-24 15% of allotment in proportion to State's share of population ratio nationally, ages 25-65 5% of allotment in proportion to State's share of population ratio nationally, sum ages 15-65 (See PL 90-576, Sec 103 for complete formula)

Vocational Education — Continued

Federal/State Percentage Shared for Program			Methods for Distribution of Funds
Federal	State*		
50%	50%	**Local funds may be counted as State share for purposes of matching funds and Federal financial participation*	The single State agency administering the program may contract with local service providers to meet service and program requirements of the Act. Federal regulations require distribution of such funds among local agencies which comply with the following terms. The State plan shall provide that allocations of Federal funds shall comply with the following requirements with respect to the use of Federal funds: At least 15 percent of the total allotment for any fiscal year shall be used only for vocational education for disadvantaged persons. At least 15 percent of the total allotment for any fiscal year shall be used only for post-secondary vocational education. At least 10 percent of the total allotment for any fiscal year shall be used only for vocational education for handicapped persons.

VOCATIONAL EDUCATION

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations

The State plan provides for the following vocational education programs, services and activities:

VOCATIONAL INSTRUCTION
To prepare individuals for gainful employment in recognized or new and emerging occupations; preparation for enrollment in advanced or highly skilled vocational or technical educational programs; assist individuals to make informed and meaningful occupational choices.

VOCATIONAL GUIDANCE AND COUNSELING
Such services include:

- Identification and encouragement of individuals needing vocational education;
- Provision of information necessary to make occupational choices;
- Assistance while individual pursues a program of vocational instruction;
- Aid in vocational placement; and
- Followup procedures to determine effectiveness of the vocational guidance and counseling program.

ARRANGEMENTS WITH PRIVATE POSTSECONDARY VOCATIONAL TRAINING INSTITUTIONS
Applicable when the State board of local educational agency determines that such private institutions can make a significant contribution and can provide substantially equivalent training at a lesser cost or can provide equipment or services not available in public agencies or institutions.

CONSTRUCTION OF AREA VOCATIONAL EDUCATION SCHOOLS

*Other Mandatory Service Provisions Prescribed by Law/Regulations

VOCATIONAL EDUCATION FOR DISADVANTAGED OR HANDICAPPED PERSONS (See definitions in "Extent")
Vocational education for disadvantaged or handicapped persons supported with funds under this Act shall include special educational programs and services designed to enable them to achieve vocational educational objectives that would otherwise be beyond their reach as a result of their handicapping condition. These programs and services may take the form of modifications of regular programs, supplementary to regular programs, or special vocational programs designed only for disadvantaged or handicapped persons.

Examples of such special educational programs and services include:

- Special Instructional Programs or Prevocational Orientation Programs
- Guidance
- Remedial Instruction
- Counseling and Testing Services
- Employability Skills Training
- Communication Skills Training
- Special Transportation Facilities and Services
- Special Educational Equipment, Services and Devices
- Reader and Interpreter Services

If certain disadvantaged or handicapped persons cannot benefit from regular vocational programs to any extent, even with modifications thereto or with the provision of supplementary special educational

*This section is *not* optional. It describes the special provisions in the vocational education program for disadvantaged and handicapped persons.

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	*Other Mandatory Service Provisions Prescribed by Law/Regulations
ANCILLARY SERVICES AND ACTIVITIES Services necessary to assure quality in vocational education and consumer and homemaking programs, including: evaluation of local programs, training of teachers and other program personnel, special demonstration and experimental programs, development of curricula and instructional materials and research related to any of the above activities.	services, then these persons shall be provided with special programs of vocational instruction which meet the standards and requirements of all vocational educational programs. **COOPERATIVE ARRANGEMENTS WITH STATE AGENCIES RESPONSIBLE FOR EDUCATION OF HANDICAPPED PERSONS** The State plan shall provide for cooperative arrangements with the State special education agency, the State vocational rehabilitation agency, or other State agencies having responsibilities for the education of handicapped persons in the State. Such cooperative arrangements shall provide for: The joint development of a comprehensive plan for the vocational education of handicapped persons in the State which shall provide the basis for the provisions in the State plan relating to vocational education of handicapped persons; and Coordination of activities of the State board and the other State agencies in the development of an administration of the State plan to the extent that handicapped persons are affected, such as, for example, in the review of applications for funds for programs or projects providing benefits to handicapped persons. Copies of agreements between the State board and other agencies providing for the arrangements shall be submitted when executed by the State board for filing with the State plan.

VOCATIONAL EDUCATION

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	The State plan shall set forth the minimum qualifications for teachers, teacher trainers, supervisors, directors and all other personnel (including teacher aides) having responsibilities for vocational education, consumer and homemaker education in the State, regardless of whether there is to be Federal financial participation in their salaries. Such qualifications shall contain standards of experience and education and other requirements which are reasonable in relation to the duties to be performed, including recent experience and association with groups of persons to be served such as disadvantaged persons. Provision shall be made for personnel having unique and relevant experiences in lieu of formal degrees and certifications requiring such degrees. State advisory council is authorized to obtain services of such professional, technical and clerical personnel as may be necessary to enable the council to carry out its functions.
Procedural Standards	The State board shall be responsible for assuring that the State and local programs, services and activities carried out under the State plan will be periodically evaluated with sufficient extensiveness and frequency to enable the State board to effectively carry out its functions under the State plan and fulfill the purposes of the Act. The State advisory council is authorized to contract for such services as may be necessary to carry out its evaluation functions. Such personnel shall not include members of the State Board and shall be subject only to the supervision and direction of the State Advisory Council. The State board shall annually submit an evaluation report to the Commissioner of Education and the National Advisory Council containing the results of evaluations in the State conducted by the State Advisory Council during the previous year. Any local agency dissatisfied with final action with respect to any application for funds authorized under grants for State vocational education programs shall be given reasonable notice and opportunity for a hearing.
Site and Space	Classrooms, libraries, shops, laboratories and other facilities (including instructional equipment, supplies, teaching aids and other materials) shall be adequate in supply and quality to meet the occupational or other objectives of the instruction offered.
Operating Goals and Objectives	The operating goal of this program is to make grants to States to assist them to maintain, extend and improve existing programs of vocational education, to develop new programs of vocational education, so that persons of all ages in all communities of the State—those in high school, those who have completed or discontinued their formal education and are preparing to enter the labor market, those who have already entered the labor market but need to update their skills or learn new ones, those with special educational handicaps and those in postsecondary schools—will have ready

Vocational Education – Continued

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
	access to vocational training or retraining which is of high quality, which is realistic in light of actual or anticipated opportunities for gainful employment, and which is suited to their needs, interests and ability to benefit from such training.
Other	Creation of a State board, by State law, as the sole State agency responsible for the administration of vocational education or for supervision of the administration thereof by local educational agencies in the State.
	Creation of a National Advisory Council to advise the Commissioner of Education, Health, Education and Welfare, concerning the administration, preparation of general regulations and operation of vocational education programs authorized under the Act. Council shall advise Congress.
	Creation of a State Advisory Council, separate from the State board, appointed by the governor and represented by a broad range of interests relating to vocational education, to advise the State board on development of State plan, long range planning, policy matters and evaluation of the State programs.
	Provide for cooperative arrangements with State employment service, agencies interested in the disadvantaged and handicapped and other agencies, organizations and institutions, and with other States.

VOCATIONAL EDUCATION

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	Secondary and post-secondary school age.
Level of Function	Education should be realistic in light of actual or anticipated opportunities for gainful employment, suited to individuals needs, interests and ability to benefit from training.
Geographic Area Served	Statewide, local and private educational participation.
Economic Status	No restriction if in need of services related to employment skills.
Other	**"Handicapped Persons"** means mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired persons who by reason of their handicapping condition cannot succeed in a vocational or consumer and homemaking education program designed for persons without such handicaps, and who for that reason require special educational assistance or a modified vocational or consumer and homemaking education program. **"Gainful Employment"** means employment in a recognized or new and emerging occupation for which persons normally receive in cash or in kind, a wage, salary, fee or profit. This term includes employment in sheltered workshops for handicapped persons. **"Disadvantaged Persons"** means persons who have academic, socioeconomic, cultural or other handicaps that prevent them for succeeding in vocational education or consumer and homemaking programs designed for persons without such handicaps, and for that reason require specially designed educational programs and related services. This term includes persons whose needs for such programs or services result from poverty, neglect, delinquency, or cultural or linguistic isolation from the community at large, but does not include physically or mentally handicapped persons unless such persons also suffer from such handicaps.

Vocational Rehabilitation Services

This program review focuses on Sec. 2 of the Vocational Rehabilitation Act, "Grants to States for Vocational Rehabilitation Services" and does not detail other sections of the Act concerning special projects and which do not require a State plan. Reference to special projects are made at the end of this summary.

PURPOSE

The service programs are designed to provide vocational rehabilitation services to mentally or physically handicapped persons who may be expected to benefit from such services to the degree that the individual may be gainfully employed as a result of such services.

EXTENT

Eligibility is established based on the presence of a physical or mental disability and the existence of a substantial handicap to employment. According to the definition of the target population, the developmentally disabled are provided for and eligible for services. The mentally retarded, epileptic and cerebral palsied are specifically cited under client groups which are eligible for extended evaluation to determine rehabilitation potential. Other significant eligibility criteria are the establishment of rehabilitation potential (related to level of function) for gainful employment, and age, in terms of "employability," usually meaning 16 years of age or older.

SCOPE

Vocational rehabilitation services include EVALUATION of the applicant's potential for rehabilitation and special consideration for the developmentally disabled is provided through an extended evaluation plan which may be up to 18 months in duration. For eligible persons, mandated services include COUNSELING and GUIDANCE, TRAINING to include vocational, prevocational and personal adjustment, PLACEMENT and FOLLOWUP services. Other services are provided within a reasonable period of time and include PHYSICAL RESTORATION services, which are expected to reduce or eliminate the handicapping condition, and MAINTENANCE, covering the essential subsistence expenses during the service program and for a limited period of time after placement.

The State plan may provide for certain optional services for individuals if necessary to determine rehabilitation potential or while they receive mandatory services. These services include TRANSPORTATION, BOOKS and TRAINING MATERIALS, SERVICES TO FAMILY MEMBERS, READER AND INTERPRETER SERVICES, and OTHER SERVICES, including short periods of medical care essential to treatment of the handicapping condition. The State plan may also provide for FACILITIES AND SERVICES FOR HANDICAPPED GROUPS.

RELATED PROGRAMS:

The Vocational Rehabilitation Act authorizes programs and projects other than the basic support program surveyed here. These programs include "Grants to States for Innovation of Vocational Rehabilitation Services" (no State plan required) which provides innovative vocational rehabilitation services to "paraplegics, quadriplegics, stroke and cancer victims, the totally deaf, the retarded blind and others who have been inadequately served because of the severity of their disabilities or the costs involved."; and "Project Grants for Rehabilitation of the Mentally Retarded," which are designed to contribute to the rehabilitation of those mentally retarded individuals generally not eligible for vocational rehabilitation services, including establishment of special facilities or services for diagnosis, treatment, training or care of the mentally retarded and training and service for personnel to provide these special services.

See *Catalog of Federal Domestic Assistance 1972*, program number 13.763

VOCATIONAL REHABILITATION SERVICES

LEGAL, FISCAL AND FINANCIAL AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering FederalAgency
"VOCATIONAL REHABILITATION SERVICES – BASIC SUPPORT"	VOCATIONAL REHABILITATION ACT, as amended 29 U.S. Code Ch 4 amended by, PL 83-565 PL 89-333	Federal Register Vol. 34 No. 200 Part II Date: 10/17/69	Department of Health, Education and Welfare Social and Rehabilitation Service Rehabilitation Services Administration

Reference: *Catalog of Federal Domestic Assistance 1972*
Program Number 13,746

Vocational Rehabilitation Services — Continued

Federal/State Percentage		Method for Distribution of Funds
Federal	State	
80%	20%	The Administrator of Social and Rehabilitation Services shall make quarterly estimates of the State's allotment and shall pay that amount to the State administering agency. The State will directly provide services to the eligible individuals or contract directly with authorized service providers in the State. Where the State plan provides for construction of rehabilitation facilities the total expenditure may not exceed 10 percent of the State's total annual allotment.

Vocational Rehabilitation Services — Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
FY 1972 700 M Cit: 29 USC 32, 41	Estimated appropriation for FY 1972: 560 M Estimated obligations for FY 1972: 560 M* *Regional RSA office	Federal funds for distribution based on population weighted by per capita income squared. For any fiscal year the allotment to any State (other than the Virgin Islands, Puerto Rico and Guam) which is less than $1 million shall be increased to that amount.

VOCATIONAL REHABILITATION SERVICES

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations

The State plan shall as a minimum provide that evaluation, including diagnostic and related services counseling, and guidance, training (including personal and vocational adjustment training), maintenance, physical restoration, placement and followup services will be provided under the plan.

EVALUATION, INCLUDING DIAGNOSTIC AND RELATED SERVICES
These services are incidental to the determination of eligibility for vocational rehabilitation services.

COUNSELING AND GUIDANCE
To include:

Adequate counseling services in connection with vocational potentialities and the health, personal and social problems related to individuals' vocational adjustment;

Guidance to developing an understanding of client's capabilities and limitations, in selecting a suitable occupational goal, and in using appropriately the medical services, training, and other rehabilitation services needed to achieve the best possible vocational adjustment.

PHYSICAL RESTORATION SERVICES
Services must be expected to eliminate or substantially reduce the handicapping condition within a reasonable period of time.

Physical restoration services means those services which are necessary to correct or substantially modify within a reasonable period of time a physical or mental condition which is stable or slowly progressive and includes:

Medical or surgical treatment by general practitioners or medical specialists;

Psychiatric treatment;

*Other Mandatory Service Provisions Prescribed by Law/Regulations

*The State plan shall provide that any or all of the following services shall be provided if necessary to determine the rehabilitation potential of the individual:

(See under "Mandatory") Evaluation, Counseling and Guidance, Physical and Restoration Services (without the need for a determination that the physical or mental condition is stable or slowly progressive), Training Including Personal and Vocational Adjustment and Maintenance.

BOOKS AND TRAINING MATERIALS
Includes provision of tools, equipment, initital stocks and supplies; and equipment and supplies for vending stands. The State shall describe the conditions governing the provision of licenses.

TRANSPORTATION
Incidental to provision of evaluation or other vocational rehabilitation services under the State plan. Transportation means the necessary travel and related costs in connection with transporting handicapped individuals, and where necessary, members of their family, for the purpose of providing evaluation or other vocational rehabilitation services under the State plan. Includes costs of travel and subsistance during travel. Transportation may include the cost of relocation and moving expenses necessary for the achievement of a vocational rehabilitation objective.

READER SERVICES FOR THE BLIND

INTERPRETER SERVICES FOR THE DEAF

SERVICES TO FAMILY MEMBERS
Such services may include only those services which may be expected to contribute substantially to the determination of the rehabilitation potential of the handicapped individual.

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	*Other Mandatory Service Provisions Prescribed by Law/Regulations
Dentistry; Nursing services; Hospitalization (either inpatient or outpatient care); Convalescent, nursing home or rest home care; Drugs and supplies; Prosthetic devices and orthotic devices essential to obtaining or retaining employment; Eye glasses and visual services; Physical therapy; Occupational therapy; Speech or hearing therapy; Psychological services; Treatment of medical complications and emergencies, either chronic or acute, which are associated with or arise out of the provision of physical restoration services or are inherent in the condition under treatment; and Other medical or medically-related rehabilitation services. **TRAINING** Vocational, prevocational, personal adjustment training and other rehabilitation training which contributes to the individuals' vocational adjustment. **MAINTENANCE** Maintenance may be provided at any time in connection with vocational rehabilitation services to a reasonable time following	**OTHER GOODS AND SERVICES** The State plan may provide that the agency will furnish short periods of medical care for acute conditions arising in the course of vocational rehabilitation, which, if not cared for, would constitute a hazard to the achievement of the vocational rehabilitation objective or the completion of the extended evaluation to determine rehabilitation potential. The State plan may provide for management services and supervision provided to small business enterprises operated by the severally handicapped, and may also provide for establishing such small business enterprises. The State plan must determine need exists for facility and provide that the primary purpose is to provide vocational rehabilitation services or gainful employment to handicapped individuals, or to provide evaluation and work adjustment services to disadvantaged individuals under the State Vocational Evaluation and Work Adjustment Program. **FACILITIES AND SERVICES FOR GROUPS OF HANDICAPPED INDIVIDUALS** Provision of facilities and services which may be expected to contribute substantially to the rehabilitation of a group of individuals, but which are not related to the rehabilitation plan of any one handicapped individual. Facilities and services of this type may include, but are not limited to, the removal of architectural barriers from buildings to be used for the training or employment of handicapped individuals, the development or provision of instructional materials or services for a group of handicapped individuals, or the provision of a special bus or other vehicle for the transportation of handicapped individuals.

SCOPE OF SERVICE PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	*Other Mandatory Service Provisions Prescribed by Law/Regulations
placement. Maintenance means payments to cover the handicapped individual's basic living expenses, such as food, shelter, clothing, health maintenance and other subsistence expenses essential to determine the individual's rehabilitative potential or to achievement of his vocational rehabilitation objective. **PLACEMENT** Placement means the State agency's assumption of responsibility for ultimate placement of individuals accepted for service. The State shall set forth the standards established for determining if a client is suitably employed and for such followup services as are necessary, prior to case closure, for assuring that the vocational rehabilitation objectives of the individual have been achieved. **FOLLOWUP SERVICES** Services needed by individuals to maintain themselves in employment after placement and case closure.	

VOCATIONAL REHABILITATION SERVICES

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	There shall be adequate staff to carry out the functions of the agency in providing vocational rehabilitation tasks, including the State agency facility staff and the State agency program planning staff. There shall be a program of staff development, including a training program which shall minimally include a system for evaluating the effectiveness of the training program, orientation for new staff and a plan for continuing training opportunities and career development for all classes of positions.
Procedural Standards	Studies conducted by the staff include an evaluation of the adequacy of existing rehabilitation program resources and the identification of needed resources in the future. Any applicant or recipient of services may be granted a fair hearing with regard to his dissatisfaction with denial of services or the furnishing of services under the plan.
Site and Space	The State agency shall provide for the setting of standards for rehabilitation facilities utilized in providing services to handicapped individuals and in setting standards for the construction and utilization of such facilities. The State plan shall set forth the standards and criteria with respect to the physical plant, equipment, health conditions and working conditions.
Operating Standards and Objectives	Assistance to States in the rehabilitation of handicapped persons so that they may prepare for and engage in gainful employment to the extent of their capabilities and to increase their social and economic well-being.
Other	The State agency shall establish and maintain cooperative working relationships with other agencies, including State agencies responsible for programs in public assistance and public employment. The basis for the cooperative working arrangement with public employment offices shall be a written agreement which shall provide for reciprocal referral services, joint service programs, continuous liaison and maximum utilization of the job placement employment counseling services and the other services and facilities of the public employment offices. The State agency will establish and maintain other working relationships with other public and private agencies and institutions, so as to assure maximum utilization on a coordinated basis of the services which all agencies in the State have to offer for the vocational rehabilitation of handicapped individuals.

VOCATIONAL REHABILITATION SERVICES

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	Age criteria is related to age limits which an individual may be employed.
Level of Function	See detailed definition of eligibility below. Mentally retarded are specified in the Act.
Geographic Area Served	No restriction.
Economic Status	No restriction.
Other	**"Eligible"** or **"eligibility,"** when used in relation to an individual's qualification for vocational rehabilitation services, refers to a certification that: A physical or mental disability is present; A substantial handicap to employment exists; and Vocational rehabilitation services may reasonably be expected to render the individual fit to engage in a gainful occupation. **"Physical or Mental Disability,"** a physical or mental condition which materially limits, contributes to limiting or, if not corrected, will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by a pattern of deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, cultural, educational, social, environmental, or other factors.

QUALITY OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service

"Gainful Occupation," includes employment in the competitive labor market; practice of a profession; self-employment; homemaking; farm or family work (including work for which payment is in kind rather than in case); sheltered employment; and home industries or other gainful homebound work.

"Handicapped Person" means any individual who has a physical or mental disability and a substantial handicap to employment, which is of such a nature that vocational rehabilitation services may reasonably be expected to render fit to engage in a gainful occupation which is more consistent with his capabilities and capacities.

"Handicapped Individual" also means any individual who has a physical or mental disability and a substantial handicap to employment for whom vocational rehabilitation services are necessary for the purpose of extended evaluation to determine rehabilitation potential.

EXTENDED EVALUATION TO DETERMINE REHABILITATION POTENTIAL

(Basic Conditions) The State plan shall provide that the furnishing of vocational rehabilitation services under extended evaluation to determine rehabilitation potential shall be based upon: The presence of a physical or mental disability; the existence of a substantial handicap to employment; and inability to make a determination as to the third condition of eligibility without an extended evaluation, including the provision of vocational rehabilitation services.

(Duration) Necessary vocational rehabilitation services may be provided during a period not in excess of 18 months in the case of a handicapped individual whose disability is: mental retardation; deafness; blindness; paraplegia, quadraplegia and other spinal cord injuries or diseases; heart disease; cancer; stroke; epilepsy; mental illness; cerebral palsy; brain damage; arthritis; muscular dystrophy; cystic fibrosis; or renal failure, and not in excess of 6 months in the case of an individual with any other disability.

TERMINATION OF EXTENDED EVALUATION

Extended evaluation may be terminated at any time prior to the 6 or 18 month period if a determination of rehabilitation potential has been made. Only one 6 or 18 month period of determination shall be permitted during the period that the case is open.

Maternal and Child Health Services (MCH)
Crippled Children's Services (CC)

PURPOSE

These programs are intended to enable States to extend and improve (1) services for reducing infant mortality and otherwise promote the health of mothers and children (Maternal and Child Health Services) and (2) services for locating, and for medical, surgical, corrective and other services and care for the facilities for diagnosis, hospitalization, and aftercare for, children who are crippled or who are suffering from conditions leading to crippling (Crippled Children's Services). Included in the Act, Title V, Social Security Act, are special project activities which are to be supported by grant monies received under these programs.

EXTENT

These programs stress provision of services in rural areas and in areas suffering from severe economic distress. Eligibility is established for mothers and children in need of health care and for children under 21 years of age who are crippled or who are suffering from conditions that lead to crippling. Special projects for the health of school and preschool children and for dental health of children stress provision of services in areas with concentrations of low-income families. Special projects for maternity and infant care are intended to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing. The developmentally disabled are included in these programs.

SCOPE

Maternal and Child Health services include EDUCATIONAL, PREVENTATIVE and DIAGNOSTIC services, including MEDICAL CARE, hospitalization and other institutional care and AFTERCARE. Crippled Children's services include EARLY IDENTIFICATION of children in need of care, PERIODIC SCREENING and DIAGNOSIS, and TREATMENT of chronic conditions. Other services available under these programs are DEMONSTRATION services in needy areas and among groups in special need, and FAMILY PLANNING services. Special projects focus on DENTAL HEALTH, SCHOOL and PRESCHOOL HEALTH, and MATERNITY and INFANT CARE.

SUMMARY REVIEW FORM #1

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES

LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY

Title of Federal/State Plan	Citation of Federal Statute	Citation of Federal Regulations Regarding State Plan Requirements	Designated Administering Federal Agency
"MATERNAL AND CHILD HEALTH AND CRIPPLIED CHILDREN'S SERVICES" (2 State Plans Combined)	SOCIAL SECURITY ACT (as amended) Title V, PL 90-248	*Federal Register* Vol. 34 No. 19 Date: 1/29/69	Department of Health, Education and Welfare Health Services and Mental Health Administration

Reference: *Catalog of Federal Domestic Assistance 1972*
Program Number 13.211 (CC)
13.232 (MCH)

Maternal and Child Health and Crippled Children's Services — Continued

Level of Federal Financial Authorization	Level of Federal Financial Appropriation	Formula Prescribed by Law to Determine Allotment to State
FY 1972 Joint authorization for MCH and CC services: 50% of 320 M for services Remaining 50% reserved for personnel training and special projects Special projects for the Mentally Retarded: 4.75 M Cit: 42 USC 703	Estimated obligation for FY 1972 MCH Services 59,25 M CC Services 60.4 M	One-half of the grant funds are apportioned among the States in accordance with criteria specified in the law. These funds are referred to as "Fund A." Each State receives a grant of $70,000 and such part of the appropriation remaining as the number of live births in the State bears to the total number in the United States.* States must match dollar for dollar the funds alloted to them in this section. The other half of the grant funds is known as "Fund B." From this fund an amount is administratively allocated for special projects. The remainder of Fund B is apportioned among the States according to the financial need of each State for assistance in carrying out its State plan. No matching is required for the funds alloted under this section. **Formula for Maternal and Child Health. The Crippled Children's formula is not based on live births, but on the proportion of the State's children under 21 years to the total under 21 population in the United States.*

Maternal and Child Health and Crippled Children's Services — Continued

Federal/State Percentage			Methods for Distribution of Funds
Federal	State		
50%	50%	For grants *re* "Fund A" (see Formula)	After the Fiscal year ending June 30, 1973; 90% of the State allotment will be used for Maternal and Child Health Services and Crippled Children's Services. Ten percent of such allotments shall be used for the training of personnel and research projects relating to both services. Grants may be made directly to the State agency administering the plan for purposes of carrying out the State plan, and to other local agencies and organizations, depending on the purpose of the fund uses.
100%	—	For grants *re* "Fund B" (see Formula)	

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES

SCOPE OF SERVICES PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations

MATERNAL AND CHILD HEALTH SERVICES

The provision of educational, preventative, diagnostic and treatment services, including medical care, hospitalization and other institutional care and aftercare, appliances and facilitating services directed toward reducing infant mortality and improving the health of mothers and children.

The development, strengthening and improvement of standards and techniques relating to such services and care.

The training of personnel engaged in the provision, development, strengthening or improvement of such services and care.

Necessary administrative services.

CRIPPLED CHILDREN'S SERVICES

Early identification of children in need of health care and services, and for health care and treatment needed to ameliorate or correct defects or chronic conditions discovered thereby, through provision of periodic screening and diagnostic services.

The provision for such children of preventive, diagnostic and treatment services, including medical care, hospitalization and other institutional care and aftercare, appliances and facilitating services directed toward the diagnosis of the condition of such children or toward the restoration of such children to maximum physical and mental health.

The development, strengthening and improvement of standards and techniques relating to the provision of such care and services.

The training of personnel engaged in the provision, development, strengthening or improvement of such care and services; and

Necessary administrative services.

OTHER SERVICES

Development of demonstration services (with special attention to

*Other Mandatory Service Provisions Prescribed by Law/Regulations

MATERNITY AND INFANT CARE

In order to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and to help reduce infant and maternal mortality, grants may be made to provide:

> Necessary health care to prospective mothers who have or are likely to have conditions associated with childbearing or are in circumstances which increase the hazards to health of mothers or infants (including those which may cause physical or mental defects in the infants).

HEALTH OF SCHOOL AND PRESCHOOL CHILDREN

In order to promote the health of children and youth of school or preschool age, grants may be made to provide:

> Projects of a comprehensive nature of health care and services for children and youth of school age or for preschool children (to help them prepare to start school). No project shall be eligible for a grant unless it provides:
>
> > For the coordination of health care and services provided under it with, and utilization (to the extent feasible) of, other State or local health, welfare, and education programs for such children,
> >
> > For payment of the reasonable cost (as determined in accordance with standards approved by the Secretary) of inpatient hospital services provided under the project, and
> >
> > That any treatment, correction of defects, or aftercare provided under the project is available only to children who would not otherwise receive it because they are from low-income families or for other reasons beyond their control; and no such project for children and youth of school age shall be considered to be of a comprehensive

SCOPE OF SERVICES PROVISIONS

Mandatory Service Provisions Prescribed by Law/Regulations	*Other Mandatory Service Provisions Prescribed by Law/Regulations

dental care for children and family planning services for mothers (in needy areas and among groups in special need.

Family planning services (voluntary).

Training of Personnel. Grants to public or nonprofit private institutions of higher learning for training personnel for health care and related services for mothers and children, particularly mentally retarded children and children with multiple handicaps, with special attention to programs providing training at the undergraduate level.

Research Projects. Grants to or jointly financed cooperative arrangements with public or other nonprofit institutions of higher learning, and public or nonprofit private agencies and organizations engaged in research or in maternal and child health or crippled children's programs, and contracts with public or nonprofit private agencies and organizations engaged in research or in such programs, for research projects relating to maternal and child health services or crippled children's services which show promise of substantial contribution to the advancement thereof. Special emphasis shall be accorded to projects which will help in studying the need for, and the feasibility, costs, and effectiveness of comprehensive health care programs in which maximum use is made of health personnel with varying levels of training, and in studying methods of training for such programs, and grants under this section may also include funds for the training of health personnel for work in such projects.

nature unless it includes at least such screening, diagnosis, preventive services, treatment, correction of defects, and aftercare, both medical and dental, as may be provided for in regulations of the Secretary.

SPECIAL PROJECT GRANTS FOR DENTAL HEALTH OF CHILDREN

In order to promote the dental health of children and youth of school or preschool age, grants may be made to provide:

> Projects of a comprehensive nature for dental care and services for children and youth of school age or for preschool chhldren. No project shall be eligible for a grant unless it provides that any treatment, correction of defects, or aftercare provided under the project is available only to children who would not otherwise receive it because they are from low-income families or for other reasons beyond their control, and unless it includes at least such preventive services, treatment, correction of defects, and aftercare, for such age groups, as may be provided in regulations of the Secretary. Such projects may also include research looking toward the development of new methods of diagnosis or treatment, or demonstration of the utilization of dental personnel with various levels of training.

**Prior to the fiscal year ending June 30, 1972, the Act authorized expenditures amounting to 40% of the total State allotment for Special Projects. After July 1, 1972, grants were not authorized for specific projects under the old formula, but are authorized as part of the total allotment for Maternal and Child Health Services and Crippled Children's Services, i.e., from a portion of the 90% total allotment committed for services. The State plan therefore: must provide programs (carried out directly or through grants or contracts) for the following projects, particularly in areas with concentrations of low income families.*

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN's SERVICES

QUALITY OF SERVICE PROVISIONS

Indicators of Quality	Mandated Federal Standards
Personnel Standards	For approval the State plan must include methods relating to the establishment and maintenance of personnel standards on a merit basis except that the Secretary shall not exercise an authority as to the selection, tenure or compensation.
	Provide for training and effective use of paid sub-professional staff with emphasis on persons with low income.
	The standards for persons and facilities must be those which are found the be best adapted to the purpose and will assure a reasonably high standard of care and are in substantial accordance with national standards as accepted by the service or standards prescribed by the service.
Procedural Standards	The State agency makes reports as deemed necessary by the Secretary.
	Plan must set forth the manner in which the State agency will exercise and make effective its supervision over the operations of the local public agencies with respect to the administration locally of the plan.
	Services purchased for individuals under the State plan will be authorized by the responsible administering agency.
Site and Space Standards	The State shall describe standards for personnel and facilities, etc. (See Personnel Standards).
Operating Goals and Objectives	The goals and objectives are to extend and improve: Services for reducing infant mortality and otherwise promoting the health of mothers and children; and providing services for locating and for medical, surgical, corrective and other services and care for and facilities for diagnosis, hospitalization, and aftercare of children who are crippled or who are suffering from conditions leading to crippling.

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES

EXTENT OF SERVICE PROVISIONS

Eligibility Criteria for Service	Commitment to Extent of Service
Age	Children – under age 21 Mothers – no restriction
Level of Function	No restriction
Geographic Area Served	No restriction, however, program emphasis on Special Projects (see "Optional Services") is directed in areas where low income families reside.
Economic Status	No restriction. See above.
Other	**"Crippled child"** means an individual below the age of 21 who has an organic disease, defect or condition which may hinder the achievement of normal growth and development.

ADDENDUM

This addendum includes significant legislative action of the 92nd Congress which affects the federal programs included in Part C of the Guide, and constitutes an updating of information to the November 1972 Congressional recess. Two major legislative actions were signed into law in October, 1972: PL 92-512, The State and Local Fiscal Assistance Act, or the Revenue Sharing Act, (signed October 20), and PL 92-603, The Social Security Amendments of 1972, (signed October 30). These laws affect the public assistance programs, the public assistance social services programs, and the medicaid program, Titles I, IV(A), X, XIV and XIX.

Two other major pieces of legislation which have direct bearing on services for the developmentally disabled were vetoed by the Administration. These bills are the Labor-Health, Education and Welfare Appropriations bill, H.R. 16654, and the Rehabilitation Act of 1972, H.R. 8395, both of which were vetoed on October 27, 1972.

Acknowledgement is extended to the National Association of Coordinators of State Programs for the Mentally Retarded, Inc., for their assistance in obtaining valuable and timely information regarding the new legislation.

PL 92-512

STATE AND LOCAL FISCAL ASSISTANCE ACT OF 1972

There are two major aspects to the "Revenue Sharing Act" which have impact on the availability of social services to the developmentally disabled, through (1) changes in the amount of federal assistance available to States for social services, and (2) federal assistance to States and localities provided for purposes which the State or local government may determine.

Title I "Fiscal Assistance to States and Local Governments" is the basic program of fiscal aid to the States, counties, towns and municipalities. Title III, "Limitations on Funds for Certain Social Services" imposes a ceiling on federal funding of previously "open-ended" social services programs and sets certain limitations on eligibility options for some types of social services.

Title III — Social Services Limitations

This Title is distinct from Title I (revenue sharing). It imposes new restrictions on eligibility requirements (options) for certain social services and sets a 2.5 billion dollar annual ceiling on federal funds available to the States for social services provided under Titles I, IVA, X, XIV or XVI of the Social Security Act.

FISCAL LIMITATIONS

Each State will be alloted a "ceiling" or share of the nationally authorized appropriation of 2.5 billion, based solely on population of the State. To the limit of its allotment, a State may be reimbursed at the rate of 75% for all social services, except emergency social services (50%) and services to enable recipients to participate in the WIN program (90%). The 2.5 billion ceiling is retroactive to July 1, 1972. However, PL 92-603 (Social Security Amendments of 1972) amended this date by authorizing the states to be reimbursed at the rate applicable in FY 1972 for the first quarter of FY 1973.

ELIGIBILITY CONDITIONS (OPTIONAL COVERAGE FOR SERVICE)

Title III introduces six service categories for which States may continue to determine eligibility on the basis of the applicant being a *past* or *potential* recipient of public assistance, as well as a current recipient of aid. The law states that "child care, family planning, services provided to a mentally retarded individual, services related to the treatment of drug addicts and alcoholics, and services provided to a child in foster care *could be provided to persons formerly on welfare or likely to become dependent on welfare as well as present recipients of welfare.*" In addition, the Secretary of HEW shall determine the specific service criteria for services for the mentally retarded, drug addiction and alcoholic services, and for child foster care. Title III defines these services as follows:

CHILD CARE SERVICES

Services provided to meet the needs of a child for personal care, protection and supervision, but only in the case of a child where the provision of such services is needed (i) in order to enable a member of such child's family to accept or continue in employment or to participate in training to prepare such member for employment, or (ii) because of the death, continued absence from the home, or incapacity of the child's mother and the inability of any other member of such child's family to provide adequate care for such child.

FAMILY PLANNING SERVICES

SERVICES PROVIDED TO A MENTALLY RETARDED INDIVIDUAL

Services provided to a mentally retarded individual (whether a child or an adult), but only if such services are needed (as determined in accordance with criteria prescribed by the Secretary) by such individual by reason of his condition being mentally retarded.

DRUG ADDICTION AND ALCOHOLIC SERVICES

Services provided to an individual who is a drug addict or an alcoholic, but only if such services are needed (as determined in accordance with criteria prescribed by the Secretary) by such individual as part of a program of active treatment of his condition as a drug addict or an alcoholic.

CHILD FOSTER CARE

Services provided to a child who is under foster care in a foster family home or in a child-care institution, or while awaiting placement in such a home or institution, but only if such services are needed (as determined in accordance with criteria prescribed by the Secretary) by such child because he is under foster care.

OTHER SOCIAL SERVICES

After a state has expended funds for the six social service categories above, it may provide other social services to the population, *provided that at least 90% of the remaining funds be spent on individuals who are current recipients of aid under Titles I, IVA, X, XIV, or XVI.* The remaining 10% to be spent for other social services may provide "services to individuals who are not recipients or aid or assistance (under State plans approved under Titles I, X, XIV, XVI, or VIA), or applicants (as defined in the regulations by the Secretary) for such aid or assistance."

SUMMARY

Title III closes the formerly "open-ended" public assistance social service programs, restricts social services eligibility to current recipients of aid under the public assistance programs for services other than the six mentioned in the Act, and allows for continued eligibility options to be extended to former and potential recipients of public assistance (at the state's option) for the six newly named service categories and to a small portion of the population not needing the six specific services, i.e., the 10% of other social services.

Title I — Fiscal Assistance to State and Local Governments

Title I is the basic "revenue sharing" program. It provides for 30.1 billion dollars in federal assistance over a five year period terminating in December 31, 1976. The first payments are retroactive to January 1, 1972. The 1972 allocation includes 1.8 billion for States and 3.5 billion for local governments. The allocation will increase annually by 150 million to total 6.4 billion in the fifth year. Distribution of annual allocations will continue to be divided on the basis of one-third to States and two-thirds for local governments.

ALLOCATION

There are two formulae for determining a state's allotment. One formula is based on population, tax effort, and relative income of each State and favors rural States. The other formula favors urban States and is based on urban population, total population, tax effort, tax collections and relative income. A State's allotment is determined by the formula which is more favorable. Allotments for local governments are determined on the basis of a single formula which includes income, population and tax effort.

USE OF FUNDS

State governments are unrestricted in the use of their allotment, except that they may not be used to match other federal funds.

Local governments also may not use these funds for federal matching and are specifically restricted in the use of such funds for "priority expenditures" specified in section 103 of Title I, which states:

> **In General** – Funds received by units of local government under this subtitle may be used only for priority expenditures. For purposes of this title, the term "priority expenditures" means only –
>
> (1) ordinary and necessary maintenance and operating expenses for –
>
> (A) public safety (including law enforcement, fire protection and building code enforcement),
>
> (B) environmental protection (including sewage disposal, sanitation, and pollution abatement),
>
> (C) public transportation (including transit systems and streets and roads),
>
> (D) health,
>
> (E) recreation,
>
> (F) libraries,
>
> (G) social services for the poor or aged,
>
> (H) financial administration
>
> (2) ordinary and necessary capital expenditures authorized by law.

CONCLUSION

PL 92-512 substantially impacts the existing social services programs of the States by closing the open-ended funding of public assistance social services, through limiting eligibility options for some social services and by providing additional sources of funds for State and local governments.

For States which will be effectively cut back in federal sources of funding for social services programs under title III, additional funds are made available through Title I which may be utilized to provide services of a similar nature. However, the Title I funds may not be used as the State share to earn federal dollars within the allocation limits of social services under title III.

Local governments will receive additional funds to be used in eight broad categories, including social services and other service areas relevant to the needs of the developmentally disabled. In effect, Title I funds may partially offset negative results from the closing of social services under title III, although the net result will vary from state to state.

Attachment I which follows indicates the estimated fiscal impact of PL 92-512 under Titles I and III for each State.

Estimated Funding (by State) Under PL 92-512

(In Millions of Dollars)

State	Revenue Sharing Title I		Social Services Title III
	State Share	Local Share	Social Services
Alabama	38.7	77.4	41.9
Alaska	2.2	4.6	3.7
Arizona	16.7	33.4	21.6
Arkansas	18.0	37.0	23.6
California	185.2	370.6	243.8
Colorado	18.2	36.4	27.1
Connecticut	22.1	44.0	37.0
Delaware	5.2	10.5	6.7
District of Columbia	7.9	15.8	9.2
Florida	48.6	97.3	92.0
Georgia	36.6	73.2	56.1
Hawaii	9.3	18.8	9.5
Idaho	6.6	13.2	8.7
Illinois	91.5	183.1	135.6
Indiana	34.7	69.6	63.5
Iowa	25.6	51.4	34.5
Kansas	17.6	35.2	27.5
Kentucky	29.1	58.2	39.3
Louisiana	37.8	75.8	43.4
Maine	10.3	20.8	12.2
Maryland	35.6	71.3	47.9
Massachusetts	54.3	108.6	69.5
Michigan	73.9	147.8	108.5
Minnesota	34.6	69.2	46.4
Mississippi	30.2	60.4	27.1
Missouri	32.9	65.8	57.1
Montana	6.8	13.8	8.5
Nebraska	14.3	28.6	18.1
Nevada	3.7	7.4	6.0
New Hampshire	5.0	10.2	8.9
New Jersey	54.5	109.0	87.6
New Mexico	11.0	22.2	12.4
New York	197.0	394.1	222.7
North Carolina	45.0	90.4	62.1
North Dakota	6.5	13.2	7.4
Ohio	68.9	138.0	130.0
Oklahoma	19.8	39.6	31.3
Oregon	18.8	37.4	25.6
Pennsylvania	91.2	182.6	144.0
Rhode Island	7.8	15.8	11.7
South Carolina	27.1	54.3	31.8
South Dakota	8.3	16.8	8.2
Tennessee	32.8	65.6	47.9
Texas	81.4	163.0	136.8
Utah	10.4	21.0	12.9
Vermont	4.9	9.9	5.5
Virginia	35.0	70.2	56.8
Washington	28.0	56.0	41.7
West Virginia	17.4	34.9	21.3
Wisconsin	44.6	89.3	53.9
Wyoming	3.2	6.5	3.9

SOURCE: House-Senate Conference Committee Agreement

PL 92-603

SOCIAL SECURITY AMENDMENTS OF 1972

PL 92-603 introduces substantial change in the operation and administration of the public assistance programs under Titles I, X, and XIV of the Social Security Act, amends portions of the Medicaid and Medicare programs under Titles XIX and XVIII, and provides increased funding for Child Welfare Services under Title IV(B). The summary of PL 92-603 which appears in this section deals with the legislative amendments which affect the programs presented in Part C of the Guide to Federal/State Plan Review.

TITLE III

SUPPLEMENTARY INCOME FOR THE AGED, BLIND AND DISABLED

Title III would replace the existing State administered programs under public assistance, Titles I, X, and XIV (aid to the aged, blind, and disabled) with a federally administered and supported program of cash assistance. The change is effective January 1, 1974.

ELIGIBILITY

Under this program, the federal government will set national standards for eligibility to participate in the program. These eligibility standards will be directed to a uniform definition of "disability" and set uniform standards for establishing an individual's financial need. Both standards, disability and need, have previously been set by the individual States, and have not therefore been consistent throughout the nation.

Disability and Blindness

The term "disability" would be defined as "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months." This definition is the same as that now used in the Social Security disability insurance program.

The term "blindness" would be defined as central visual acuity of 20/200 or less in the better eye with the use of correcting lens. Also included in this definition is the particular sight limitation which is referred to as "tunnel vision.'

Under the new law, any person who was receiving public assistance under the State program until the time when it became federally administered, and met the State definition for blindness or disability under the State plan as of October, 1972, would be eligible for participation as long as the disability or blindness continued.

No disabled person would be eligible if the disability is medically determined to be due solely to drug addiction or alcoholism unless such individual is undergoing appropriate treatment, if available. Payments for addicts or alcoholics would only be made to third parties as protective payments.

Financial Need

Eligibility for supplemental security income would be open to an aged, blind or disabled individual if his resources were less than $1500 (or $2250 for a couple). In determining the amount of his resources, the value of the home (including land surrounding home), household goods, personal effects, including an automobile, and property needed for self support would, if found to be reasonable, be excluded. Life insurance policies would not be counted if the face value of all policies was less than $1,500. (Current recipients under State programs with higher resource limits would retain their eligibility.)

BASIC SUPPORT

Under the bill, aged, blind, and disabled persons with no other income would be guaranteed a monthly income of at least $130 for an individual or $195 for a couple. In addition the bill would provide that the first $20 of social security or any other income would not cause any reduction in supplemental security income payments.

As a result, aged, blind, and disabled persons who also have monthly income from social security or other sources (which are not need-related) of at least $20 would, be assured total monthly income of at least $150 for individual or $215 for a couple.

In addition to a monthly disregard of $20 of social security or other income, there would be an additional disregard of $65 of earned income plus one-half of any earnings above $65. This will enable those aged, blind, and disabled individuals who are able to do some work to do so and in the process give them a higher income in addition to supplemental security income.

In addition, as under present law, any income necessary for the fulfillment of a plan for achieving self-support would be disregarded for persons qualifying on the basis of blindness. A savings clause would assure that blind persons would not receive any reduction in benefits due to these provisions.

State Supplementation of Basic Support

States wishing to pay an aged, blind or disabled person amounts in addition to the Federal supplemental security income payment would be free to do so. The bill would permit States to enter into agreements for Federal administration of State supplemental benefits. Under these agreements supplemental payments would have to be made to all persons eligible for Federal supplemental security income payments except that a State could require a period of residence in the State as a condition of eligibility.

The bill provides no direct Federal participation in the costs of State supplemental payments. However, a savings clause is included under which the Federal Government would assume all of a State's costs of supplemental payments which exceed its calendar year 1972 share of the costs of aid to the aged, blind, and disabled. This savings clause would apply only to State supplementation needed to maintain the State's assistance levels in effect as of January 1972. The savings clause would, however, also cover an upward adjustment over the January levels to the extent necessary to offset the elimination of food stamp eligibility.

OTHER SERVICES

Social Services

States would be authorized to continue programs providing social services to aged, blind, and disabled persons. These services are currently provided under the welfare programs for the aged, blind, and disabled which would be replaced by the new Federal supplemental security income program. There would be 75 percent Federal matching for the services provided, subject to the overall limitations established by the State and Local Fiscal Assistance Act.

Vocational Rehabilitation Services

All disabled and blind recipients would be referred to the state vocational rehabilitation agency. The federal government would pay 100 percent of the cost of any rehabilitation services rendered to such clients in an effort to restore as many as possible to productive activity. Any disabled or blind person who refused such services without good cause would be ineligible for cash assistance.

Coverage for Disabled Children
One important new feature of the legislation is that needy disabled children of all ages would be eligible for benefits (although the resources of the parents would be considered in determining eligibility of an applicant under 21 years of age). This amendment, in effect, would permit a substantially disabled child from a poor family to qualify for significantly higher benefits than are available to a normal AFDC child.

Benefits for Institutional Residents
Individuals residing in public institutions would not be eligible for assistance under the new program; however, patients in a medical institution, which qualifies under Title XIX, would get $25 a month to cover personal expenses.

TITLE II

MEDICAID AMENDMENTS

The following amendments to Title XIX (Medicaid) include additions to the Medicaid program are deletions from the text, as presented in Part C of this document.

DELETIONS
The following amendments *delete* provisions noted in the text and are preceded in the text by an asterisk (*):

"QUALITY"
The bill repeals Section 1903(e) which required each State to show that it was making efforts in the direction of broadening the scope of services in its medicaid program and liberalizing eligibility requirements for medical assistance.

The bill terminates the medicaid advisory council.

ADDITIONS
The following amendments *add* certain provisions to Title XIX which are *not* noted in the text:

"LEGAL, FISCAL AND ADMINISTRATIVE AUTHORITY"
Effective July 1, 1973, the bill authorizes a one-third reduction in Federal matching payments for long-term stays in hospitals, nursing homes, intermediate care facilities, and mental institutions, if States fail to have effective programs of control over the utilization of institutional services or where they fail to conduct the independent professional audits of patients as required by law. The bill also authorizes the Secretary, after June 30, 1973, to compute a reasonable differential between the cost of skilled nursing facility services and intermediate care facility services provided in a State to medicaid patients.

The bill would reduce the Federal share of AFDC matching funds by 1%, beginning in fiscal 1975, if a State –

(a) fails to inform the adults in FDC families of the availability of child health screening services;

(b) fails to actually provide or arrange for such services; or

(c) fails to arrange for or refer to appropriate corrective treatment children disclosed by such screening as suffering illness or impairment.

The Federal share of AFDC funds would be reduced by 1%, beginning in fiscal 1974, if a State in the prior year fails to inform the adults in AFDC families of the availability of family planning services or if the State fails to actually provide or arrange for such services for persons desiring to receive them who are applicants or recipients of cash assistance.

The bill allows Federal matching for intermediate care in States which, on January 1, 1972, did not have a medicaid program in operation.

"SCOPE OF SERVICES"

Family planning services mandatory under medicaid
(1) The bill authorizes 90% Federal funding for the costs of family planning services under medicaid and title IV.

(2) Provision requires States to make available on a voluntary and confidential basis such counseling, services and supplies, directly and/or on a contract basis with family planning organizations throughout the State, to present, former, or likely recipients who are of child-bearing age and who express a desire for such services.

Treatment in mental hospitals for medicaid eligibles under age 21
The 1972 Amendments authorize coverage of inpatient care in mental institutions for medicaid-eligible children under 21 years of age provided: (1) they are involved in an active treatment program; (2) the institution is accredited; and (3) the state maintains its own level of fiscal expenditures for care of mentally ill children. The estimated federal cost of this new program, is $120 million in FY 1974.
Effective date: January 1973.

Conforming standards for extended care and skilled nursing home facilities
The bill would establish a single definition and set of standards for *extended care facilities* under medicare and *skilled nursing homes* under medicaid. The provision creates a single category of "skilled nursing facilities" which would be eligible to participate in both health care programs. A "skilled nursing facility" would be defined as an institution meeting the present definition of an extended care facility and which also satisfies certain other medicaid requirements set forth in the Social Security Act.
Effective date: July 1973.

"Skilled care" definition for medicare and medicaid
The bill would change the definition of care requirements with respect to entitlement for extended care benefits under medicare and with respect to entitlement for extended care benefits under medicare and with respect to skilled nursing care under medicaid. Present law would be amended to authorize skilled care benefits for individuals in need of "skilled nursing care and/or skilled rehabilitation services on a daily basis in a skilled nursing facility which it is practical to provide only on an inpatient basis." Coverage would also be continued during short-term periods (e.g. a day or two) when no skilled services were actually provided but when discharge from a skilled facility for such brief period was neither desirable nor practical.
Effective date: January 1973.

Coverage under medicaid of intermediate care furnished in mental and tuberculosis institutions
The bill provides that intermediate care can be covered for individuals age 65 or older in mental institutions if such individuals could also be covered when in mental hospitals for hospital or skilled nursing Facility care.
Effective date: Services furnished after December 31, 1972.

"QUALITY OF SERVICES"

The bill provides that DHEW regularly make public the following types of evaluations and reports with respect to the medicare and medicaid programs: (1) individual contractor performance reviews and other formal evaluations of the performance of carriers, intermediaries, and State agencies including the reports of follow-up reviews: (2) comparative explanations of the performance of contractors—including comparisons of either overall performance or of any particular contractor operation: (3) program validation survey reports—with the names of individuals deleted.

Effective January 1973, the bill requires hospitals and skilled nursing homes participating in titles 5 and 19 to use the same utilization review committees and procedures now required under title 18 for those programs with certain exceptions approved by the Secretary. This requirement is in addition to any other requirements now imposed by the Federal or State governments.

Effective January 1973, the bill requires that the same State health agency (or other appropriate State medical agency) certify facilities for participation under both medicare and medicaid. The bill also requires that Federal participation in medicaid payments be contingent upon the State health agency establishing a plan for statewide review of appropriateness and quality of services rendered.

The bill provides for the establishment of professional standards review organization consisting of substantial numbers of practicing physicians (usually 300 or more) in local areas to assume responsibility for comprehensive and on-going review of services covered under the medicare and medicaid programs.

The bill provides that independent professional review to determine proper patient placement and care of Title XIX patients is mandatory in all intermediate care facilities.

The bill requires the Secretary to make reports of an institution's significant deficiencies or the absence thereof (such as in the areas of staffing, fire safety, and sanitation) a matter of public record readily and generally available. Such information would be available for inspection within 90 days of completion of the survey.

TITLE IV

CHILD WELFARE SERVICES AND SOCIAL SERVICES

Grants to States for child welfare services (including foster care and adoptions)

The committee adopted an amendment increasing the annual authorization for Federal grants to the States for child welfare services to $196 million in fiscal year 1973, rising to $266 million in 1977 and thereafter. For fiscal year 1973, this is $150 million more than the $46 million which has been appropriated every year since 1967. It is anticipated that a substantial part of any increased appropriation under this higher authorization will go toward meeting the costs of providing foster care which now represents the largest single item of child welfare expenditure on the county level. The bill, however, avoided earmarking amounts specifically for foster care so that wherever possible the State and counties could use the additional funds to expand preventive child welfare services with the aim of helping families stay together and thus avoiding the need for foster care. The additional funds can also be used for adoption services, including action to increase adoptions of hard-to-place children.

Social Services

Provides a saving provision to the limitation on expenditures for social services contained in the State and Local Assistance Act of 1972 so that States for the first quarter of fiscal 1973 will be reimbursed as they would have been under previous laws. This saving provision would be applicable only to the extent that the resultant Federal funding for this quarter does not exceed $50 million.

REQUEST FOR INFORMATION

Please complete the form below to indicate your desire to receive additional information pertaining to the type of legislative actions discussed in the Guidelines.

The information will be forwarded to you periodically as the additions are made.

Return this form to: Dr. Donald Stedman
Developmental Disabilities Technical Assistance Systems
Frank Porter Graham Child Development Center
Highway 54 Bypass
Chapel Hill, North Carolina 27514

Name _____

Position Title _____ Phone Number _____

Address _____

City _____ State _____ Zip _____